ONE HUNDRED AND TWELFTH
ANNUAL REPORT

OF THE

South Carolina State Hospital

FOR THE YEAR ENDING JUNE 30, 1935

PRINTED UNDER THE DIRECTION OF THE
JOINT COMMITTEE ON PRINTING
GENERAL ASSEMBLY OF SOUTH CAROLINA

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REPORT OF THE REGENTS

Columbia, S. C., July 1, 1935.

To His Excellency, Olin D. Johnston, Governor:

In accordance with the statutory requirements the one hundred and twelfth annual report of the South Carolina State Hospital for the year ending June 30, 1935 showing the various operations of the institution together with detailed statements of the several departments is respectfully submitted.

Your attention is especially called to that part of the superintendent's report recommending that provision be made for the care of inebriates and drug addicts.

The Board is gratified to report that the general health of the patients and employees for the past year was excellent in spite of the serious handicap of overcrowding.

The fact that many persons in need of the hospital's care had to be denied admission because of lack of room is a source of deep regret. On this account 257 persons were denied admission during the year. With favorable prospects for funds from the Public Works Administration for building purposes it is hoped that this restriction can soon be removed.

Despite the increase in the cost of nearly all supplies the hospital was able to operate during the year on a daily per capita cost of $0.6128, and to close the year without a book deficit. In reality, though, a deficit exists for in order to maintain standards and to meet all bills out of the appropriation it was necessary to defer certain normal expenditures such as the up-keep of buildings and grounds, and repair and replacement of equipment, which will naturally have to be considered in future operating costs. It is hoped that your Excellency will bear this in mind in making your recommendations.

During the year considerable service was rendered the hospital by the Emergency Relief Administration program. The Board wishes to express appreciation to those who rendered this and to the authorities responsible for it.

Appreciation is expressed for the efficiency and loyalty of the medical staff, the consulting staff, the office personnel, nurses and attendants and all employees.

Thanks are again extended to Chief Marsh and the men of the Columbia Fire Department for their interest and assistance in all matters pertaining to the prevention of fire and the protection of the patients and hospital property.

In the report last year the Board expressed gratification at the great honor and distinction that had come to the superintendent, Dr. C. F. Williams, by his election to the presidency of the American Psychiatric Association. The Board has been further gratified by Dr. Williams' successful administration of the affairs of this Association, which came to a close with the annual meeting in Washington in May of this year, and wishes to record herewith as a part of the permanent record of the hospital the address he delivered on this occasion.

Respectfully submitted,

CHRISTIE BENET, Chairman
FRANK H. BARNWELL
A. W. REYNOLDS
DAN'L L. SINKLER
J. E. SIRRINE
Board of Regents, South Carolina State Hospital.

PRESIDENTIAL ADDRESS*

Administrative Psychiatry

By C. F. Williams, M. D., Columbia, S. C.

A year ago when I became your President I attempted to express my appreciation of the honor conferred upon me, feeling then that no honor of greater distinction can come to any man than that accorded to him by his associates. Today I desire to reaffirm that statement and to supplement it with further expressions of appreciation, for during the year it has been my pleasure to review the transactions of the Association and to read the addresses of many of my predecessors. These have given me a much clearer understanding of the aims and purposes of the Association and a fuller appreciation of the character and achievements of those upon whom the responsibility rested. While this has quickened my perception it has at the same time made much heavier the feeling of responsibility.

I have selected administrative psychiatry as the subject for discussion in this address. No difficulty was experienced in selecting the subject; the difficulty lay in the approach and the presentation of such parts of so broad a subject as would seem most helpful. I say no difficulty was encountered in the selection of the subject—a word of explanation may be necessary. As many of you will recall, a petition was presented to the Council on the day before its closing session last year urging the creation of a section on administrative psychiatry. Council delayed action for the purpose of giving careful consideration as new problems generally arise with the creation of a new section.

Then it was that marked interest became manifest in the subject, as evidenced by letters from many members of the Association from every section of the country urging the creation of such a section.

For several years there seems to have been a growing sentiment, certainly among the administrators, that this phase of psychiatry is being neglected and that its neglect is a decided detriment to the whole subject; that the programs, while excellent, are not well balanced, due to the interest and enthusiasm on the part of the members in the newer theories, and that the attention is not given to administration that the subject deserves.

As one reviews the literature and the Association programs for the past two decades he is impressed with the truth of this contention; for there is indeed a paucity of material on the subject and every indication of a definite swing toward the clinical and scientific field.

One might readily ask those raising the question where the blame lies; and the answer would have to be an admission on our part of a lack of vision or at least a lack of interest and aggressiveness. There is, however, no need for controversy as to where the blame lies—it is sufficient to know that it exists and to show a willingness to remedy it. Happily the wide spread interest manifested, as shown by the desire expressed by so many members of the Association for the creation of a section on administrative psychiatry, is evidence of their recognition of the need of certain changes, and their desire to consider and put into operation certain plans which, it is felt, will enhance the cause of psychiatry in all its various activities.

It is from this point of view that the subject is approached.

Administrative psychiatry used in this sense is broadly conceived and almost all embracing in its scope, not being confined solely to questions of hospital construction, organization, and the administration of the care and treatment of patients in the hospital as conceived by the founders of this Association however worthy may have been the efforts of those pioneers. It must now take into consideration all questions pertaining to mental disorders in their widest relationships as problems of disease and their effects upon a rapidly changing social order.

No argument is needed to convince us that we are in the midst of changing times; changes in international relationships; changes in government, changes in our educational, industrial, agricultural and economic systems, and changes in a multiplicity of ways in our social order; some of them vitally affecting almost every activity of human endeavor.

Many of these changes are unquestionably creating new problems of adjustment which will have to be dealt with from the psychiatric approach. It would, therefore, seem that those members of our Association who feel the need of a section on administrative psychiatry or some consideration of the subject are seeing wisely and that this is the opportune time to begin a reconstruction of our administrative structure in accordance with the

requirements of the changing times. It is evident that a complete structure cannot be erected all at once, and that additions and changes will have to be made from time to time as changing conditions require, but there are certain fundamental and basic parts of the structure which we as administrators have not stressed as much as we should, and it is to these that I most particularly wish to call your attention.

Before doing this let me say that there can be no let up in the advance that has been made in hospital organization and administration for the care and treatment of patients in the hospital.

Standards must be maintained and greatly improved if possible. This can best be accomplished by administrative policies fashioned in accordance with modern trends in medicine as well as in psychiatry.

If the mental hospital is to remain the center of psychiatric knowledge and activity its administrative policies must develop a leadership that is broad and inspiring—a leadership founded not only on the accomplishments of the past, but one that fully appreciates the more urgent needs of the present, and the future, among which may be mentioned (1) the need of medical education in psychiatry, (2) the proper relationship of psychiatry to general medicine, (3) preventive psychiatry, and (4) research.

It is not the desire to disturb in any sense the intramural affairs of hospital treatment, but it is felt that the emphasis should be shifted in part at least to the activities mentioned as offering the larger opportunities for promoting psychiatry.

It is fully realized that hospital facilities will have to continue caring for a large portion of mental hospital patients, for many of them have reached their limit of recovery and will require permanent care. Unfortunately this number is increasing annually, further hampering the already overcrowded facilities and causing increasing embarrassment to the heavily burdened tax payers. As a practical problem this cannot continue for an indefinite period of time.

In this connection it is pertinent to quote the Committee on Mental Health of the American Medical Association, which states that "A state jurisdiction cannot continue to build public institution after public institution for the prolonged care of persons with various types of mental illness without serious embarrass-

ment to the tax payers, nor can it continue the non-constructive policy of temporarily shutting people away from the community without cognizance being taken of the necessity for specialized treatment and restoration to some form of community life, based on individual needs and fundamental causes, always having in mind the eventual needs of society."

It goes on to say, "Some substitute must be found for the tremendously expensive building program which mental health administrators are now following. The medical profession must find a way for mitigating this situation without serious detriment to the mentally ill patient. Without professional leadership there must be an arbitrary modification of present policies, solely because of the financial burden involved without regard to medicine. The medical profession can no longer consistently refrain from attempting a contribution to the solution of these problems."

It is felt that the profession is willing to make the contribution, but its value will and should largely depend upon the leadership of this Association which should formulate and develop a program practical in application and so constructed as to meet the demands of our social organization. Through the awakening of the public consciousness as the result of the advance in many phases of psychiatric activity there is a growing conviction that institutional provision alone is an inefficient, unwise and uneconomic method of meeting the problem of mental illness and mental health; that for too long we have been dealing with end products and have not given adequate attention to the supply at the source; that to protect ourselves from the ever increasing burden, the underlying causes of mental sickness must be sought and removed; that patients with mental illness must be recognized early and given adequate treatment so they may be cured or aided in their adjustments and not become charges upon their community or state.

To accomplish this brings us to the specific consideration of the questions mentioned as deserving special consideration in the suggested scheme of administrative psychiatry.

The first of these—the need of medical education in psychiatry—is so well known to the members of this organization that it would seem almost commonplace to mention it. Yet, it cannot be denied that considerable blame lies at our own door for its

existence—a blame that really stands as a challenge to the leadership of this organization and particularly the administrative forces in the field of psychiatry. Already the challenge has been accepted on the part of the Association and much has been accomplished through the efforts of the committee on psychiatry in medical education. Three conferences on psychiatric education have been held. The programs presented, the attendance, and the interest manifested clearly indicate an awakened interest in this most important subject.

Class A standards for the teaching of psychiatry in our medical schools have been formulated and approved by this Association.

This movement should be supported to the fullest extent. The Association and the cause of psychiatry owe a debt of gratitude to those men who are laboring so zealously in this particular field.

Administrators in psychiatry cannot ignore their responsibility in the matter. There are many ways in which they can assist.

In the first place they must take stock of themselves to see if they are keeping pace with the forces engaged in the endeavor. They must show a ready spirit of cooperation toward those engaged in this work, furnishing them with such information as may be requested from time to time. They can no longer remain as isolated parts of a great medical problem. The Association is again showing its forward position through its efforts to advance psychiatric standards of practice by means of creating a Board of Examiners.

Psychiatrists have been too much isolated in mental hospitals and concerned chiefly with the mental aspects of the patients, and consequently have kept themselves too much aloof from the other branches of medicine. By reason of this lack of contact psychiatry has lost the opportunity not only of developing itself but also of having the subject presented in such a way as to arouse the interest of those engaged in general practice.

Opportunities exist in all state hospitals, with the possible exception of those remotely located, for the organization of consulting staffs. These should be developed to the highest order for they form a point of contact of great mutual advantage. Mental hospitals should be more universally used as teaching centers for medical students and physicians. In recent years there has been a general awakening on the part of the medical pro-

fession as to the need of psychiatric training. General practitioners welcome assistance and instruction, but cannot afford the expense of distant and time consuming post graduate courses. It is felt that properly planned seminars may assist in meeting this need.

In no other class of illness does the family physician so completely lose contact with his patient as in psychiatry if the patient is ill enough to require hospitalization. A simple but helpful form of contact can be established by sending the physician a copy of the hospital's findings with an invitation to visit and keep in touch with his patient. It will be amazing to see the number of invitations which will be accepted. Every possible contact with the general profession should be encouraged.

While it may be expected that the proper method of teaching psychiatry in the medical schools will soon be an accomplished fact, and that this is the source to which we must look for the greatest help; it is nevertheless necessary that steps be taken now to build up our staffs and our institutions so that the interest of those instructed may be held and further developed and that the great number of the profession who have not been so fortunate may no longer be neglected.

There is also great need for us to revalue general medicine in its relationship to psychiatry. This need was brought to our attention in the admirable address of Dr. Rappleye, the guest speaker of the Association last year. The growing appreciation that none of the organs, systems or functions of the body is independent but that all of them are related, emphasizes in a particular way this great need.

Because of a number of reasons the development of psychiatry has been somewhat independent of, though paralleled with, that of clinical medicine. During the last half century the phenomenal development of the scientific method led to extreme specialization along anatomical lines. The human body was arbitrarily divided into various organ systems, with each of which was developed a specific and minute body of knowledge. But these specialized fields often failed to consider their relationship to the human organism as a whole.

Developing a little later in the history of specialization, there began an interest in the functional disturbances which were found to occur independently of any anatomical lesion. As the

study of these mysterious disorders brought us increased knowledge, there came a gradual realization of the interdependence of the various organs and systems of the body. This realization resulted in a healthy reaction. For, while we have no wish to return to the empiricism and speculative medicine of the eighteenth and early nineteenth centuries, we must not focus all our attention upon the physical, chemical and structural features of disease. We must not only admit the interdependence of the organ systems, and regard a human being as a whole biological unit, but we must also consider his relationship to his environment. We must be as deeply concerned with his social adaptation as we are about the ability of his cells to resist pathogenic bacteria.

The present breach between psychiatry and general medicine, happily becoming narrower every year, has been occasioned by the failure on the part of general medicine to take into consideration this necessity. In the psychiatric field there has been developing a pronounced reaction against the cold, biological attitude of clinical medicine, resulting in a distinct swing toward the hypothetical approach. As a result we observe today two distinct attitudes, the one emphasizing the laboratory method, the other relying more upon observation and utilizing the technique of the sociologist.

This tendency among psychiatrists to stress environmental factors has perhaps annoyed the clinicians as much as the latter's emphasis upon chemistry, physics and biology has irritated the psychiatrists. The breach has been further widened by the exertions of a host of well meaning but often poorly informed individuals whose purpose it is to popularize and promote the social aspects of mental hygiene. What we need, of course, is not this army of popular lecturers, cult "professors," Freudian biographers and novelists, but sound psychiatric training as a part of medical education. The clinical physician must be given a better understanding of the importance of emotional and environmental factors in health and disease. At the same time, we, as psychiatrists, need to adopt more of the conservative, laboratory minded attitude of the trained clinician.

While the settling of these differences between the clinical physician and the psychiatrists may be slower than we might wish, it is perhaps more thorough for this reason. And viewed

macroscopically this subject is but one aspect of the more general movement to coordinate every branch of medicine into a comprehensive and integrated whole.

To accomplish this in the shortest time possible it is obvious that the most direct approach is the establishment of a psychiatric service in all general hospitals.

The time would seem opportune to take up with the proper officials the question of the establishment of an adequate psychiatric service as one of the requirements of Grade A hospitals.

At first there might be some difficulty about securing adequately trained men to staff such a service, but with the inclusion of psychiatry as a major aspect of medicine in the curriculum of our medical schools such a difficulty will not exist very long.

It is felt that such a service would offer an excellent opportunity for the practical application of psychiatry, much to the advantage of the patient as well as the medical profession as a whole.

Staffs of state hospitals can be materially strengthened by the addition or development in their own ranks of internists, surgeons, urologists, occulists and oto-laryngologists, and other representatives of special branches of medicine.

There are no special administrative difficulties to be overcome in the development of such a staff.

The prime aim of all medicine is prevention. In the field of general medicine the achievements in this regard have been remarkable. It would appear that Pasteur's dictum that "It is within the power of man to destroy all germ diseases" is about to be fulfilled.

The steady increase in mental diseases and the ever mounting costs are focusing the attention of the public upon this question, and those who are paying the bills are beginning to ask when they may expect some relief. Just how far this question can be answered is not at all definite, but it is one which should be considered seriously by the members of this Association, and particularly by the administrative officers.

When compared with the achievements in prevention in the field of general medicine for the past quarter of a century our position is not a very enviable one. While it is true that comparisons are usually odious, it is also true that they sometimes bring to light some very interesting and illuminating data. It

is also true that statistics are sometimes misleading, and in this instance such is probably the case.

The great increase in mental disorders shown in the past three decades is no doubt in part due to a better understanding of mental diseases by the general profession and the public, better hospital facilities, and less fear and dread of the mental hospital —all of which contribute to commitment.

But, making a liberal allowance for the increased admissions for the reasons given, or for any other reason, the net annual hospital increase in the number of mental patients is about 4½ per cent. The survey of the American Medical Association shows that the total patient days in all hospitals in the United States in the year 1933 was approximately 296 million. Of this number it was shown that there were 173 million patient days in mental hospitals against 123 million for all other illnesses of all kinds.

These figures are alarming and bring forcibly to our attention the need for definite, concerted action in any and all preventive means which are at our disposal or may be devised. Dr. Russell in his presidential address stated that "Perhaps the time has arrived when a committee on preventive psychiatry should be appointed for the purpose of bringing together all the available information leading to scientifically or empirically determined etiological factors and of devising measures for dealing with them more definitely and adequately."

The formation of such a committee would seem most desirable at this time and its appointment is earnestly recommended. In any program of prevention, education must play an important role.

Much helpful material could be assembled from the various mental hygiene clinics and agencies through the country, particularly in the field of child guidance, which would be of great educational value.

The public is beginning to demand, and quite rightly so, that something be done, and if the Association is to retain its leadership in this regard some definite policy must be established.

It is obvious that to ultimately check or prevent mental diseases, their causes and modes of attack must be known. Our knowledge in this regard despite a century of mental experience is woefully lacking. Discoveries through research in other fields of medicine have thrown a flood of light upon many diseases,

leading to their control and almost complete eradication—but with very few exceptions has such effort in the field of mental medicine been crowned with any degree of success.

"The Problem of Mental Disorders, A Study Undertaken by the Committee on Psychiatric Investigation—The National Research Council"—is almost an indictment of the members of the medical profession engaged in mental medicine for their lack of accomplishment in the field of research. Certainly it is a definite challenge to the members of this Association, and it is hoped and believed that it will serve as a great stimulus in future efforts. It is indeed an important contribution to the literature dealing with the problem of mental disease. Important not because it points to any great accomplishment, but important because it lays bare the fact that we can boast of practically no accomplishment.

All hospitals should be engaged in research. Nothing is more stimulating to the scientific spirit of the entire personnel and yields quite so large a dividend in worthwhile work as the knowledge that scientific truth is constantly being sought. Administrators can no longer afford to leave research largely to other specially equipped forces and agencies for this purpose, but must be thinking in experimental terms, for scientific knowledge largely comes to light as the result of experimental investigations.

In conclusion I have few specific recommendations to offer to the Association. While I heartily agree that administrative psychiatry in its broadest sense is a subject which deserves special consideration, I am not at all sure that it should be considered in a special section. The subject is so important, so all embracing, vitally touching our therapy at every point, that its consideration should be participated in by all those engaged in institutional practice.

The better plan would therefore seem to be that a certain part of the program of the general session should be devoted to the subject.

It is recommended that the Association again make the effort to set in motion some plan by which the Committee on Standards and Policies may carry on inspections of mental hospitals, grading them according to certain standards. If this could be done a real service would be rendered the mentally sick, and general medicine would be proportionately advanced.

To summarize I need only mention once more the four objectives which I consider the cardinal needs of psychiatry of tomorrow—the first of which is better medical education in our special field. Such education will not only equip the general practitioner so he may be able to treat many mental disorders, but will more fully acquaint him with our activities, and he possessing a broader knowledge of our peculiar problems will be in a better position to understand our methods and to cooperate more intelligently with us in the referring and commitment of mental patients, in which he must always bear an important and responsible part. Furthermore, through the interested practitioner, the public is sure to receive much of that enlightenment which we so earnestly desire to impart.

Hand and hand with this first need goes that of better understanding among psychiatrists of the problems of general medicine. After all, we must always be physicians first. This is the basis upon which every true specialty must rest. We must not think of ourselves as having submitted to an annoying although necessary apprenticeship in medicine in order to become something distinct and more important, but as doctors who must minister to the body to benefit the mind; doctors who are willing to look upon human beings amazingly complex; yet strangely integrated organisms; doctors who know how to elicit a complex but are willing to drain an abscess, empty a stomach or pass a catheter.

Nevertheless, however important the above needs there is yet a greater one—prevention. Prevention through education, vocational training, child guidance.

This embraces, of course, the great objective of mental hygiene, but mental hygiene must derive its greatest support from our public institutions. Lectures to college groups, talks to social workers, classes, demonstrations, and educational articles released through the press for the benefit of the general public constitute almost as important a part of the program of preventive psychiatry as do out-patient mental clinics.

It is upon all of these agencies that we must depend for the vital task of keeping down the rising tide of mal-adjustment and mental disease.

Finally there is the ever present need of research. Where is there a greater opportunity for increasing our knowledge of the etiology of mental disease than among the thousands of patients

in our institutions for mental diseases? Yet, how many of us are allowing this opportunity to pass unheeded, offering as excuse the all too evident fact of full routine of duty and manifold interruptions.

It is with humiliation that we are forced to confess that although much splendid work has already been done, a vast region remains unexplored and unexploited.

It is toward this hinterland of our great specialty that I would point, reminding the young adventurer as well as the seasoned veteran that here, as no where else in the whole realm of science, are new frontiers to conquer.

*Delivered at the ninety-first annual meeting of The American Psychiatric Association, Washington, D. C., May 13-17, 1935.

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REPORT OF THE SUPERINTENDENT

Columbia, S. C., July 1, 1935.

To the Board of Regents of the South Carolina State Hospital, Columbia, S. C.

Gentlemen: In compliance with your requirements the annual report for the fiscal year ending June 30, 1935 is herewith respectfully presented.

GENERAL STATISTICS JULY 1, 1934 THROUGH JUNE 30, 1935

	White Males	White Females	Colored Males	Colored Females	Total
Patients on books of hospital at beginning of hospital year	1,051	1,181	864	929	4,025
Admissions during twelve months:					
First admissions	240	177	156	104	677
Re-admissions	88	91	31	27	237
Total received during twelve months	328	268	187	131	914
Total on books during twelve months	1,379	1,449	1,051	1,060	4,939
Discharged from books during twelve months	250	228	75	79	632
As recovered	63	81	19	40	203
As improved	103	118	44	34	299
As unimproved	9	12	1	2	24
As without psychoses	75	17	11	3	106
Died during twelve months	75	41	79	63	258
Total discharged and died during twelve months	325	269	154	142	890
Patients remaining on books of hospital at end of hospital year:					
In hospital	897	993	832	842	3,564
On parole or otherwise absent	157	188	65	77	487
Total	1,054	1,181	897	919	4,051

ADMISSIONS

The number of admissions, compared with the last fiscal year, has decreased. During the year 914 patients were received, while during the previous year 989 were admitted. There were 328 white men, 268 white women, 187 colored men and 131 colored women. The census at the beginning of the year was 3461; and at the close 3564.

From a diagnostic standpoint the largest number of admissions fell in the manic depressive group, while the second largest was in the praecox group.

The decrease in admissions was the result of overcrowding and the necessity of denying admission to many persons—a total of 257 being denied. This procedure was necessary because of lack of room. The policy has been to parole as many patients as possible and to keep down admissions in order to prevent extreme overcrowding and to have room for the acute and violent cases. In spite of this the capacity of the institution has become taxed beyond the point of the most efficient service and economic administration.

The certified capacity of the hospital is 2903; the census on the last day of the year was 3564.

DEATHS

There was also a decrease in the death rate. According to sex and color—75 white men or 5.4% died; 41 white women or 2.8%; 79 colored men or 7.5%; and 63 colored women or 5.9%. Based upon the total number of patients under treatment the death rate for the past year was 5.2%; for the previous year 5.7%.

The death rate among the colored remains higher than among the white race, though there has been a decided reduction in recent years.

The decrease in the death rate may be due in part to a decrease in the number of pellagrins admitted; also to a decrease in the number of patients in advanced years who are brought to the hospital in a moribund condition.

DISCHARGES

During the past twelve months 632 were discharged; 203 of whom were recovered; 299 improved and 24 unimproved.

Discharged as not insane were 55 alcoholics and 6 drug addicts.

GENERAL HEALTH

There were no epidemics during the year. Patients and employees as a whole enjoyed good health. It is regretted however, that two suicides occurred. One patient took bichloride while visiting the city with relatives; another white woman drank lye before coming to the hospital. The fact has never been determined whether the death of a white man who fell from the coal trestle was accidental or suicidal.

The deaths of the following employees is deplored:

Mr. C. Y. Nesbitt, who passed away on December 7, 1934, had been continuously in the white male service since June 11, 1917, for many years being the supervisor of the department.

Mrs. J. W. Atkinson, of the occupational department, died suddenly on August 23, 1934.

Mr. R. W. C. Wishert, an attendant, also passed away suddenly on July 16, 1934.

All of these employees by their faithfulness and loyalty had rendered valuable service to the institution, and their death brought sorrow to the hearts of their fellow workers and to the patients.

MEDICAL DEPARTMENT

There were no changes in the personnel of the medical department. Satisfactory work has been carried on in all departments.

Mr. R. B. McNulty and Mr. J. W. Speake, Jr., rising seniors at the Medical College of South Carolina, and Mr. Ben M. Miller, Jr., a rising senior in the medical department of Duke University, Durham, N. C., acted as junior internes during the summer months.

Attention is again called to the continued progress report of Dr. Bruce Mayne and his co-worker, Mr. H. E. Hingst. Their studies in malaria and their use of it in the treatment of paretics have been of real value to the hospital.

OPERATIONS PERFORMED

Appendectomy	10
Blood Transfusion	8
Herniotomy	6
Hysterectomy	8
Hemorrhoidectomy	7
Cauterization of cervix uteri	4
Laparotomy:	
For intestinal obstruction	3
For excision of post operative abdominal fistula	1
Exploratory (carcinoma of pancreas)	1
Nephrectomy	1
Perineorrhaphy	3
Thoractomy	1
Trephine of head	5
Craniotomy for removal of brain tumor	2
Decompression in fracture of skull	1
Excision of tumor from:	
Face	1
Side of chest	1
Uterus through vagina	1
Arm	1
Shoulder	1
Excision of pilonidal cyst	2
Incision and drainage of abcess of:	
Breast	1
Scalp	1
Knee	1
Chest wall	1
Abdominal wall	1
Ischio-rectal	1
Peri-anal	1
Amputation of:	
Hand	1
Leg	3
Thumb	1

Toe	1
Finger	1
Closed reduction of fracture and application of cast:	
Elbow	1
Hip	3
Ankle	2
Wrist	1
Upperarm	3
Forearm	1
Suture of lacterated hand	1
Open reduction of fracture of hip and fixation with steel pins	9
Removal of pins from hip	1
Extraction of teeth impacted in accident	1

OPERATIONS PERFORMED ON PATIENTS FROM THE SOUTH CAROLINA PENITENTIARY

During the year 29 patients were given treatment. Twenty-one white men; 3 white women; 4 colored men and 1 colored woman. The total time spent in the hospital was 460 days.

Operations were performed on 25 of these.

Incision and drainage of abscess of:	
Scrotum	1
Appendix	1
Toe	1
Hand	2
Amputation of finger	1
Appendectomy	2
Blood transfusion	2
Laparotomy for removal of abdominal tumor	1
Laparotomy for removal of ovarian cyst	1
Herniotomy	4
Hemorrhoidectomy	3
Excision of ingrowing toe nail	1
Excision of pieces of needle from hand	1
Incision and drainage of osteomyelitis of skull	1
Transplantation of urethra and orchiectomy (Urologic Dept.)	1
Tonsillectomy	1
Removal of nasal polyp	1
Treatment of chancroid and phimosis (Urologic Dept.)	1

During the year 3 patients from the South Carolina Industrial School for Girls were treated in the hospital; one being operated upon for appendicitis. The total time spent by them in the hospital was 16 days.

In recent years an effort has been made to help, from a surgical standpoint, patients having brain tumors.

The hospital has been extremely fortunate in securing the services of Dr. Roger G. Doughty, a Columbia surgeon, for this work. Dr. Doughty has made a special study of brain surgery and is well qualified. He became a member of the consulting staff in October of last year and since his connection with the hospital has operated with splendid results upon 4 patients with tumors of the brain.

UROLOGIC CLINIC

A summary of the work done in this department is given in the following table:

Urethroscopic examinations	45
Cystoscopic examinations	106
Conditions Treated:	
Chancroids	10
Chancroids with inguinal adenitis	1
Gonorrhea	25
Gonorrheal arthritis	1
Stricture of urethra	25
Stricture and spastic ureters	6
Posterior urethritis	8
Epididymitis	7
Syphilitic gumma of testicle	1
Balanitis	1
Varicocele	1
Phimosis	2
Hydrocele, acute	1
Hydrocele, chronic	3
Prostatism all types	38
Prostatic abscess	4
Carcinoma of prostate	1
Chronic vasitis with atrophy of testicle	1
Vaginitis, acute	4
Granuloma, syphilitic	1

Cystitis, chronic	17
Cystitis, acute	20
Diverticulosis of the bladder	1
Vesical calculus	4
Ureteral stone	1
Duplicate kidney and ureter	1
Nephroptosis	4
Nephrolithiasis	11
Hydro-nephrosis, infected	3
Tuberculosis of kidney	2
Pyelitis	14
Mechanical obstruction of the urinary flow	1
Syphilis—standardized and intensive treatment	29
Routine examinations (no G. U. condition)	20

Specific Treatments:

Circumcisions	2
Vesical lithotomy	1
Calculi removed from bladder and ureter (cystoscope)	3
Drainage of prostatic abscess	3
Drainage of inguinal abscess	1
Lateral slit for phimosis	1
Dorsal slit for phimosis	1
Medication through vasotomy	1
Radical hydrocele operation	2
Double radical hydrocele	1
Resection of vesico-vaginal fistula	1
Injection of prostate (mercurochrome)	3
Prostatic resection under spinal anesthesia	3
Prostatectomy suprapubic. Two stage	1
Orchidectomy and urethral transplant	1
Cauterization of vera montana	16
Topical applications	59
Uroselectan	1
Neo-and sulph-arsphenamine-doses	158
Bismuth—doses	151
Protein therapy—doses	31
Dilatation for stricture of urethra	143
Dilatation of ureter	41
Kidney lavage	63
Prostatic massages	213
Office treatments not otherwise listed	938
Patients at State Park given anti-syphilitic treatment	25

EYE, EAR, NOSE AND THROAT CLINIC

A detailed report of this department is given below.

Dr. W. J. Bristow is in charge of this work and is assisted by Dr. David S. Asbill on a part time basis.

Eye

	Patients	Employees
Subluxated lens	2	
Exophthalmos	1	
Trichiasis	6	
Neuritis, supra-orbital	1	
External diseases, including styes, chalazions, etc.	134	6
Plastic repair of lid	2	
Ophthalmoscopic or eye ground examinations	846	5
Hyaloid artery, persistent	1	
Trauma various parts of eye	26	2
Phthisis bulbae	1	
Refractions under cyclopelgics	123	7
Ophthalmoplegia interna	1	
Dacrycystitis	1	11
Foreign bodies removed	2	
Choked disc	2	
Iritis, acute	3	
Burn, chemical, eyes and face	3	
Cataract	13	1
Iridectomy, glaucoma, local anesthetic	2	
Cataract extraction—ether anesthetic	1	
Cataract dressings	18	
Contused and lacerated lower conjunctiva repaired	1	
Visual fields	9	
Glaucoma	4	
Retinitis	13	
Retinal arterio-sclerosis	8	
Needling secondary cataracts, local anesthetic	2	
Eye examinations	64	1
Glasses furnished by the State Hospital	93	
Glasses repaired	2	
Epilation	2	

Ear

Routine examinations	930	17
Neurosis of ear	1	2
Furuncle, external auditory canal	88	3
Otalgia	3	
Cerumen or wax removed	97	
Otomycosis	3	
Chronic purulent otitis media	41	5
Acute purulent otitis media	35	
Acute catarrhal otitis media		1
External otitis	36	1
Haematoma	6	
Progressive nerve deafness	1	
Infected cyst, incised		2
Foreign body in ear	4	
Vaccinia	1	
Traumatic rupture of tympanic membrane	1	
Trauma, external ear	2	
Verruca vulgaris	1	
Eczema of ear external canal	38	
Mastoiditis	3	
Perichondritis, auricle	10	
Operation—window resection, pinna	1	

Nose and Throat

Routine examinations of nose	889	37
Furuncle vestibule of nose	9	
Trauma, nose	5	
Acute colds	45	
Sub-mucous resection nasal septum, local anaesthetic	2	
Fracture of nose	4	
Chronic ethmoiditis	25	
Chronic maxillary sinusitis	3	
Stricture of eosophagus	3	
Sinusitis, all types	23	1
Routine examinations of sinuses	2	
Caldwell-Luc (antrum) local anesthetic	1	
Vincent's infection	8	1

Puncture and irrigation of antrum	10	
Removal of nasal polyps	1	
Routine examinations of throat	889	37
Ranula	1	
Epistaxis	2	
Cellulitis of face	2	
Acute laryngitis	9	
Acute pharyngitis	22	7
Paralysis of vocal chords	1	
Acute tonsillitis	60	11
Allergy	8	2
Supra-tonsillar abscess	5	
Stomatitis	2	
Impetigo of nose and lip	4	
Polyp of uvula	1	
Neuralgia, naso-ciliary	1	
Incised wound of neck	2	
Foreign body in throat	1	
Adenitis, sublingual	1	
Neurosis of larynx	3	
Tonsillectomies, local anesthetic	21	5
Tonsillectomies, ether anesthetic		1
Removal of stone from sub-lingual duct	1	1
Removal of growth from tonsil pillar	1	
Adenoidectomies, ether anesthetic		1
Atrophic rhinitis	1	
Cyst of neck, sebaceous	1	
Cyst of parotid gland	4	
Papilloma of throat	1	
Foreign body eosophagus	1	
Removal of obturator from sublingual duct	1	
Torticollis	1	
Tumor hard palate, type undetermined	1	

Cultures, smears and X-ray examinations made whenever indicated.

LABORATORIES

The following table shows the work accomplished in the pathological and X-ray laboratories.

Pathological

Wassermann on blood	1,396
Wassermann on spinal fluid	405
Routine examination spinal fluid	405
Wassermann on blood other than patients	119
Blood counts	324
Blood matching	68
Clotting time blood	21
Blood cultures	4
Malaria	55
Blood sugar	100
Creatinnine	19
Urea	61
Feces	28
Sputum	21
Gastric analysis	6
Smear from eyes	3
Vaginal smears	7
Urethral smears	3
Throat smears	4
Prostate smears	7
Vincent's angina	6
Culture from brain	1
Urine cultures	5
Quantitative estimation sugar in spinal fluid	2
Haemoglobins	30
Colloidal gold	37
Functional test kidneys	8
Urinalysis	1,892
Autopsies	20

Physiotherapy

Mercury Quartz Light treatments	257
Diathermy treatments	189

X-Ray

X-ray exposures	626
Fluoroscopic examinations	7

PERCENTAGE OF POSITIVE BLOOD WASSERMANNS

From July 1, 1934 Through June 30, 1935

White Men			White Women			Colored Men			Colored Women		
Positive	Negative	Per Cent	Positive	Negative	Per Cent	Positive	Negative	Per Cent	Positive	Negative	Per Cent
21	453	4.4	16	327	4.3	38	235	13.9	46	260	15.

PERCENTAGE OF POSITIVE SPINAL FLUID WASSERMANNS

16	75	17.5	3	22	12.	38	192	16.55	14	45	23.8

DENTAL CLINIC

A detailed report of the dental clinic follows:

Examinations	3,523
Anesthetics	1,526
Extractions	2,688
Treatments	276
Impactions removed	6
Bridges removed	13
Bridges made	2
Bridges reset	2
Gold crowns removed	6
Gold crowns made	2
Alloy fillings	47
Porcelain fillings	23
Temporary fillings	1
Dentures	25
Dentures repaired	19
Dentures—partial	1
Inlays reset	3
Patients ordered to bed	39
Visits to wards	41
Tooth brushes distributed	467
X-ray exposures	261
Requisitions—for money for dental work not furnished by the hospital	54
Deposits—money received in compliance with requests	29

MENTAL HYGIENE

Mental hygiene activities were continued in this department with a staff composed of one psychiatrist assisted by two social service workers and one stenographer.

During the past year clinics were held regularly as follows:

Columbia—every Monday—Columbia Hospital.

In the upper part of the State:

Rock Hill—alternate Tuesdays—Fennell Infirmary.

Spartanburg—alternate Wednesdays—Spartanburg General Hospital.

Greenville—alternate Thursdays—Greenville City Hospital.

Anderson—alternate Fridays—Anderson County Hospital.

In the lower section of the State:

Orangeburg—alternate Wednesdays—County Health Office.

Florence—alternate Thursdays—A. C. L. "Y" Building.

Charleston—alternate Fridays—Roper Hospital, Mitchell School and No. 10 Wragg Square.

The following table shows the number and classification of patients seen in the clinics during the year.

	W. M.	W. F.	C. M.	C. F.	Total
New Patients	250	233	29	14	526
Paroled Patients	59	18	..	..	77
Return Visits for Treatment	511	537	32	28	1108
Consultations (Physicians)	44	38	10	5	97
Total	864	826	71	47	1808

The types of cases included psychiatric problems, neurological cases and behavior and academic problems in children.

Those referring patients included physicians, social agencies, public schools, city and county health units, F. E. R. A., social service departments and individuals.

Lectures on mental hygiene and mental diseases were given in the Nurses' Training Schools at the Columbia Hospital in Columbia; the Spartanburg General Hospital, Spartanburg, and the Greenville City Hospital, Greenville.

SOCIAL SERVICE DEPARTMENT

The social service department is concerned first with the patients in the hospital and second with educational work in the principles of mental hygiene with individuals and groups.

One of the duties of the social worker is to assist the staff by securing complete information concerning the patient, includ-

ing family and personal history, and a history of the onset of the mental attack. This is secured by visiting relatives, the family physician and former employers. This data aids the medical staff in diagnosis and treatment.

The worker also assists in paroling patients by interpreting the condition to the family. Often the family is reluctant about taking a patient home because of the condition prior to commitment. The patient's disturbed or depressed state is remembered and there is fear of what might happen if he should return home. It is important that such ideas be cleared up in the mind of the family if there is to be proper adjustment to the environment after returning home, and it is most essential that the patient be accepted and treated as a normal individual.

Special investigations are also made in the case of every person sent to the hospital by the Court of General Sessions for observation. Care must be used to secure unbiased information as this is essential for the medical staff in its consideration of the case.

Assistance is given by the worker in the mental hygiene clinics by securing histories on all new cases, by follow-up work on as many as possible to see that the recommendations of the physician are carried out, and by contacting social agencies to secure necessary medicine and diet required by patients who are in need.

During the year talks on mental hygiene were made to mothers' clubs, parent-teacher association groups and to college students.

Acknowledgment is made of the fine spirit of co-operation received from physicians, probate judges, county emergency agencies and other social agencies who rendered valuable assistance.

TRAINING SCHOOL FOR NURSES

The supervisors in this department remain the same, and the work was carried on in a satisfactory manner.

The graduation exercises were held on June 7th and diplomas were awarded the following young ladies:

Misses Mozelle E. Addy, Beulah Albert, Lois Butler, Florrie Moore Caldwell, Clarice Mundy and Mary Sue Stone.

OCCUPATIONAL THERAPY

The various forms of occupational therapy employed by the hospital have brought very gratifying results in the treatment

of patients. There is still need of more space and more equipment for the class room activities. However, many patients find an outlet for their energy by assisting with the work on the farms, in the vegetable and flower gardens, on the yards, in the bakery, dairies, helping with caring for the wards, and in nearly every phase of hospital activity.

AMUSEMENTS

Amusements and recreation play a prominent part in the improvement of mental ills, and for this reason they are provided in various forms.

Some of the entertainments enjoyed by the patients were a Halloween party, Thanksgiving celebration, State Fair for both white and colored, circus parades and performances, weekly sound-on-film moving pictures, dances and occasional truck rides about the city.

In December several hundred white patients and seventy-five colored women patients by special invitation of the Elks attended their minstrel. Appreciation is again expressed to the Elks for their thoughtfulness and kindly act.

In addition to the regular Christmas celebration, there was a special one rendered at State Park by the colored patients.

Under the direction of Mr. Kempson, the chaplain, a number of plays were given by the employees for the entertainment of the patients, and several programs of spirituals were rendered by the colored patients assisted by attendants.

LIBRARY

The library has been reorganized and placed in charge of the chaplain. Many books and magazines have been contributed by friends and relatives of the patients, and the Richland County Public Library has been exceedingly kind in the use of its books. Through these agencies the patients have been afforded much pleasure and received great benefit.

RELIGIOUS SERVICES

Religious services were conducted by the chaplain regularly each Sunday in the chapel and at State Park. Prayer meetings

were held at frequent intervals on the wards. A weekly service for employees was also held.

The chaplain conducted the funerals of all patients interred in the hospital cemetery; visited the wards and attended staff meetings.

Other ministers, especially those from Columbia, frequently visit the patients.

IMPROVEMENTS AND REPAIRS

No permanent improvements were made during the year, and only the more urgent repairs were taken care of in the effort to minimize deterioration.

This was necessary in order to keep within the limits of our appropriation as there was an increase in the costs of nearly all supplies. Consequently, many repairs and replacements were deferred which will have to be taken care of in our appropriation for 1936-1937.

NEEDED IMPROVEMENTS

One of the most essential factors in caring for the mentally sick, bringing about improvement and recovery is the avoidance of overcrowding.

With the capacity of the hospital exceeded by 661 patients, the present need is more room. It is earnestly hoped that the Public Works Administration program will soon be under way which will relieve the overcrowding.

FIRE DEPARTMENT

Fire drills were held regularly for patients. Mr. E. M. Dickert, head of the department, made frequent inspections in order to prevent fire hazards, and gave instructions to the employees in fire prevention. In this he was ably assisted by Chief Marsh and other members of the Columbia Fire Department.

On June 18th the hospital fire department attended the State meeting at Bennettsville where they participated in several contests.

CRIMINAL INSANE

During the past 12 months the Court of General Sessions committed 17 persons to the hospital in order that their mental

status might be determined. Of this number 12 were found not to be insane; while 5 showed mental disorder.

INEBRIATES AND DRUG ADDICTS

The problem of caring for the inebriates and drug addicts is one which should be given special consideration.

By referring to the statistical table it will be observed that a great number of persons are being committed to the hospital who, after thorough examination, are found to be either alcoholics or drug addicts, and not insane.

The admission rate of persons of these types, particularly the inebriates, has become such a problem that it would now appear that the State should take some action which would assist the individual, his family, the community and society in general.

Most of these persons, through excessive drinking or the excessive use of drugs, sooner or later lose their self control, self respect, and become a menace to themselves, their families and the community.

Then it is that application is made for their commitment to the State Hospital on the grounds of insanity. If it is shown that their condition is simply one of inebriacy or drug addiction and not mental disease, they are, of course, denied admission, but in the majority of cases they are committed by the Court as insane and dangerous persons, and their true condition can only be ascertained by the elimination of alcohol or drugs, and careful mental examination. Very few of such patients are found to be insane and are discharged as required by the law as soon as this conclusion is reached by the medical staff, practically no good having been accomplished.

They soon return to their former habit, many of them becoming a greater menace to society and a bigger problem to the family and community as the result of resentment toward those whom they feel have interfered with their inherent rights.

That such persons should be taken into custody by society for its own protection there can be no doubt. It is, therefore, recommended that the General Assembly be memorialized to put into operation an institution for the rehabilitation of such persons, and to enact such laws as in its wisdom would best bring this about.

Our experience leads us to believe that all inebriates and drug addicts should first be committed to the State Hospital in order that their mental condition may be thoroughly studied. If they are found to have mental disorder and are drinking or taking drugs as the result of this, they of course should be kept in the hospital for treatment. If, on the other hand, no mental disease is found they should be immediately transferred to the rehabilitation hospital to be held by a process of law until such time as the authorities of such an institution feel that they should be given a parole—the parole of course carrying the provision that should they return to their anti-social habits they would be immediately returned.

Such an institution would be of inestimable service to many persons in the State who have lost their grip and who need to be controlled until their self control can be built up.

Such an institution would also bring relief to many distressed families, would relieve the communities of annoying problems, and would safe guard society by removing from its midst those who when intoxicated and driving cars are sources of great danger.

Such an institution should be self supporting and impose no burden upon the tax payers. All who are able, and practically all would be, should be required to work, and their support should come out of their own efforts.

It might quite naturally be asked, "Why not take care of these people in the State Hospital?"

The answer to this is that they are not insane and have no place with the mentally sick. As a rule they impose upon those who have mental disorder and become a disturbing influence to them, materially interfering with their treatment and welfare. It is for this reason that special provision is recommended for their care.

VOLUNTARY COMMITMENTS

Voluntary commitments numbered 45 during the year. Although this method of commitment is preferable it has not been encouraged in recent years because of lack of room.

Those who voluntarily commit themselves usually co-operate better and adapt themselves readily to the environment, thereby enhancing the chances for improvement and recovery.

ACKNOWLEDGMENTS

Deep appreciation is expressed to the members of the Board of Regents for their wise counsel and assistance in the administration of the affairs of the hospital.

Appreciation is also expressed to the members of the medical staff, consulting staff, officers and employees to whom is due in a large measure the successful results obtained during the year.

To the many friends of the hospital who have contributed generously to the pleasure and welfare of the patients grateful acknowledgment is made.

Respectfully submitted

C. F. WILLIAMS
Superintendent.

PROGRESS REPORT OF COOPERATIVE LABORATORIES OF THE UNITED STATES PUBLIC HEALTH SERVICE

Dr. C. F. Williams, Superintendent, South Carolina State Hospital, Columbia, S. C.

Dear Doctor Williams: I have the honor to submit herewith a report of the operations conducted by the laboratory of the Malaria Field Investigations of the United States Public Health Service in cooperation with the South Carolina State Hospital. I have been assisted in the activities represented by Senior Medical Technician, Hans E. Hingst.

The following letter dated May 28, 1935 from a prominent physician in Greenville, S. C., is representative of the results made possible through the cooperation of physicians throughout the United States:

"You will be interested in learning the outcome of the malarial therapy you very kindly gave my patient in 1932.

Last week a thorough and competent consultation with Dr. John H. Stokes gave a splendid result. The blood and spinal fluid Wassermanns were both negative with all antigens, including the Eagle Stearol test. The colloidal gold and mastic curves were entirely normal. My patient is symptomatically well and Dr. Stokes and I feel that his outlook is most optimistic.

Please let me thank you again for your cooperation in obtaining this result. We are both very grateful to you."

It may be of interest to note that the plan of using malaria therapy and induced fever for the prevention of blindness and improvement of eye diseases begun by this department two and one-half years ago has recently been initiated on a larger scale by two physicians of Dayton, Ohio. They reported their findings at the American Medical Association meeting recently. In their experience 58 patients who were infected with blindness because of syphilitic lesions, who failed to respond to other forms of treatment, were improved by the use of artificial fever treatment.

The State Hospital laboratory has been honored by the visits of the following prominent persons who came for specific information concerning malaria therapy for use in their own institutions: Dr. M. Pascua, the Director General of Public Health

of the Republic of Spain and Dr. Prof. Gustavo Pittaluga, Director of the National Laboratory of Hygiene of Spain. Dr. Donald C. Butts, Director of the Emery Laboratory of Cancer Research located in Philadelphia and Dr. I. Shah Khan from the office of the Director of Public Health of Afghanistan, Asia.

This department has been cooperating with the American Society of Syphilologists in providing of a large quantity of material from malaria cases for their use in studies in the standardization of the Wassermann reaction.

The following number of cases of general paralysis treated with syphilis—six males, one female—white; nine males and four females—colored, for the year ending June 30. Blood examinations made for local physicians to the extent of one hundred and fifteen specimens.

During the past year demonstrations of hospital practice in malaria therapy and laboratory procedure were made on the following occasions: The Southern Medical Association Meeting at San Antonio, Texas; the American Psychiatric Association annual meeting at Washington, D. C.; the annual meeting of the South Carolina Academy of Science and the final meeting of the Science Clubs of the Winthrop College for Women at Rock Hill, S. C.

The malaria sporozoite cultural method of inoculation has been applied progressively throughout the year. It was found that the maximum period of maintainence of mosquito cultures resulting in a successful inoculation in the process of malaria therapy was 26 days. This material underwent a practical test as it was shipped in ordinary mail to a state institution in Pennsylvania, where it was inoculated in the routine manner.

On account of the use of these cultures in intraveneous medication it was necessary to be certain of the freedom from bacterial contamination of the material used and for this purpose the cooperation of the United States National Institute of Health was procured. A great many cultures harboring mosquito material were tested in the usual critical manner by government bacteriologists. The results have been very satisfactory indicating that cultures of this type made by special aseptic methods can be used with justification regarding bacterial contamination.

Respectfully

BRUCE MAYNE, Special Expert.

STATISTICAL TABLES

PSYCHOSES OF FIRST ADMISSIONS

PSYCHOSES	White Males	White Females	Colored Males	Colored Females	Total
Psychoses with Syphilitic Meningo-Encephalitis (General Paresis)	13	1	24	5	43
Psychoses with Other Forms of Syphilis of the Central Nervous System	..	..	1	..	1
Meningo-vascular type (cerebral syphilis)	..	..	1	..	1
Psychoses with Other Infectious Diseases	..	1	..	..	1
With other infectious diseases	..	1	..	..	1
Alcoholic Psychoses	11	..	2	..	13
Delirium tremens	7	..	..	..	7
Acute hallucinosis	2	..	..	..	2
Other types	2	..	2	..	4
Psychoses Due to Drugs or Other Exogenous Poisons	1	..	..	..	1
Due to opium and derivatives	1	..	..	..	1
Traumatic Psychoses	1	..	1	..	2
Post-traumatic personality disorders	..	..	1	..	1
Post-traumatic mental deterioration	1	..	..	..	1
Psychoses with Cerebral Arteriosclerosis	8	5	6	2	21
Psychoses with Other Disturbances of Circulation	18	13	11	12	54
With cardio-renal disease	18	13	11	9	51
Other types	..	..	..	3	3
Psychoses with Convulsive Disorders (Epilepsy)	9	8	13	10	40
Epileptic deterioration	6	7	10	7	30
Epileptic clouded states	2	1	3	3	9
Other epileptic types	1	..	..	..	1
Senile Psychoses	8	5	4	4	21
Simple deterioration	3	3	4	2	12
Delirious and confused types	1	..	..	..	1
Depressed and agitated types	..	2	..	..	2
Paranoid types	4	..	..	2	6
Involutional Psychoses	2	12	..	2	16
Melancholia	2	12	..	2	16
Psychoses Due to Other Metabolic, Etc. Diseases	2	10	7	13	32
With pellagra	2	9	4	12	27
With other somatic diseases	..	1	3	1	5
Psychoses Due to New Growth	2	..	..	..	2
With intracranial neoplasms	2	..	..	..	2
Psychoses Associated with Organic Changes of the Nervous System	4	..	2	1	7
With Huntington's chorea	1	..	..	1	2
With other brain or nervous diseases	3	..	2	..	5
Psychoneuroses	10	30	..	..	40
Hysteria	2	15	..	..	17
Psychasthenia or compulsive states	1	1	..	..	2
Neurasthenia	7	13	..	..	20
Mixed psychoneurosis	..	1	..	..	1
Manic-Depressive Psychoses	45	38	31	29	143
Manic type	17	17	26	24	84
Depressive type	25	18	5	3	51
Circular type	1	1	..	..	2
Mixed type	2	2	..	2	6
Dementia Praecox (Schizophrenia)	24	27	20	15	86
Simple type	..	1	1	..	2
Hebephrenic type	10	12	9	5	36
Catatonic type	8	12	5	7	32
Paranoid type	6	2	5	3	16
Paranoia and Paranoid Conditions	8	4	1	..	13
Paranoia	6	..	..	..	6
Paranoid conditions	2	4	1	..	7
Psychoses with Mental Deficiency	3	1	7	1	12
Undiagnosed Psychoses	9	9	10	4	32
Without Psychosis	61	12	16	6	95
Epilepsy	..	1	..	..	1
Alcoholism	36	1	4	1	42
Drug addiction	3	2	..	..	5
Mental deficiency	8	3	7	2	20
Psychopathic personality	1	..	..	..	1
Mixed types	13	5	5	3	26
Primary Behavior Disorders	1	1	..	..	2
Simple adult maladjustment	1	..	..	..	1
Habit disturbance	..	1	..	..	1
TOTAL	240	177	156	104	677

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

WHITE RACE

PSYCHOSES	Total			Under 15 years			15—19 years			20—24 years			25—29 years			30—34 years			35—39 years			40—44 years			45—49 years			50—54 years			55—59 years			60—64 years			65—69 years			70 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	13	1	14	..	..	..	..	..	..	1	..	1	..	..	..	3	..	3	1	..	1	2	..	2	3	..	3	2	1	3	..	..	..	..	..	..	..	..	..	1	..	1
Psychoses with other infectious diseases	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	11	..	11	..	..	..	..	..	..	1	..	1	1	..	1	1	..	1	3	..	3	1	..	1	3	..	3	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses due to drugs or other exogenous poisons	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	8	5	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	1	1	4	2	6	1	..	1	2	..	2	1	..	1
Psychoses with other disturbances of circulation	18	13	31	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	3	3	..	1	1	2	2	4	3	2	5	4	..	4	6	2	8	2	1	3	1	1	2
Psychoses with convulsive disorders (epilepsy)	9	8	17	1	..	1	3	..	3	1	..	1	..	4	4	2	2	4	..	1	1	2	..	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
Senile psychoses	8	5	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Involutional psychoses	2	12	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	4	..	2	2	1	5	6	1	..	1	..	1	1	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	2	10	12	..	..	..	..	2	2	..	..	..	..	..	..	..	1	1	..	1	1	..	1	1	1	2	3	1	..	1	..	2	2	..	1	1	..	..	..	..	..	..
Psychoses due to new growth	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	4	..	4	..	..	..	..	..	..	1	..	1	..	..	..	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoneuroses	10	30	40	..	..	..	..	1	1	1	6	7	2	5	7	3	4	7	..	2	2	..	3	3	2	2	4	1	3	4	..	3	3	..	1	1	1	..	1	..	..
Manic-depressive psychoses	45	38	83	..	..	..	5	2	7	10	5	15	9	6	15	2	3	5	2	7	9	4	4	8	6	4	10	2	3	5	1	1	2	4	3	7	..	..	..	..	..	..
Dementia praecox (schizophrenia)	24	27	51	..	1	1	3	6	9	4	7	11	5	4	9	8	3	11	2	3	5	1	..	1	..	2	2	1	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Paranoia and paranoid conditions	8	4	12	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	2	2	..	..	..	1	1	2	4	1	5	..	..	..	1	..	1	..	..	..	..	..	..
Psychoses with mental deficiency	3	1	4	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	9	9	18	..	..	..	..	..	..	2	..	2	1	1	2	1	2	3	3	3	6	1	1	2	1	1	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Without psychosis	61	12	73	1	..	1	2	..	2	3	..	3	6	..	6	11	4	15	1	4	5	8	2	10	13	1	14	11	..	11	3	..	3	2	1	3	..	..	..	..	..	..
Primary behavior disorders	1	1	2	..	..	..	..	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	240	177	417	2	2	4	15	12	27	25	18	43	25	20	45	34	20	54	14	27	41	20	18	38	33	17	50	27	16	43	16	10	26	15	13	28	6	2	8	8	2	10

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

PSYCHOSES	Total			Under 15 years			15—19 years			20—24 years			25—29 years			30—34 years			35—39 years			40—44 years			45—49 years			50—54 years			55—59 years			60—64 years			65—69 years			70 years and over			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	24	5	29	..	..	..	..	..	..	1	..	1	3	1	4	5	1	6	7	1	8	3	2	5	2	..	2	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Psychoses with other forms of syphilis of the central nervous system	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	6	2	8	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	1	1	2	2	..	2	..	..	..	..	..	..	..	..	..	..
Psychoses with other disturbances of circulation	11	12	23	..	..	..	..	..	..	..	..	..	..	1	1	..	2	2	2	1	3	..	3	3	1	2	3	2	..	2	3	2	5	1	1	2	1	..	1	1	..	1	..	..	..
Psychoses with convulsive disorders (epilepsy)	13	10	23	..	..	..	2	1	3	4	4	8	3	2	5	1	..	1	..	3	3	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Senile psychoses	4	4	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Involutional psychoses	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	2	2	1	..	1	1	1	2	2	..	2	..	..	..
Psychoses due to other metabolic, etc., diseases	7	13	20	..	..	..	..	1	1	2	..	2	..	1	1	..	3	3	..	3	3	1	3	4	..	..	..	2	2	4	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	2	1	3	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	31	29	60	..	..	..	6	4	10	9	6	15	2	9	11	4	2	6	1	3	4	6	1	7	2	2	4	..	1	1	1	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Dementia praecox (schizophrenia)	20	15	35	1	..	1	5	2	7	6	4	10	3	2	5	2	1	3	..	1	1	1	3	4	1	2	3	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Paranoia and paranoid conditions	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	7	1	8	1	..	1	1	..	1	2	1	3	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	10	4	14	..	..	..	..	1	1	..	1	1	1	1	2	2	..	2	..	..	..	4	1	5	1	..	1	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..
Without psychosis	16	6	22	2	1	3	2	2	4	6	1	7	2	1	3	1	1	2	..	..	..	1	..	1	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	156	104	260	4	1	5	17	11	28	31	17	48	15	18	33	17	10	27	11	13	24	18	14	32	13	8	21	10	4	14	7	5	12	6	2	8	2	1	3	4	..	4	1	..	1

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

WHITE RACE

PSYCHOSES	Total			Illiterate			Reads and Writes			Common School			High School			College		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	13	1	14	1	..	1	..	..	..	9	..	9	1	..	1	2	1	3
Psychoses with other infectious diseases	..	1	1	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Alcoholic psychoses	11	..	11	1	..	1	1	..	1	6	..	6	3	..	3	..	..	..
Psychoses due to drugs or other exogenous poisons	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Traumatic psychoses	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Psychoses with cerebral arteriosclerosis	8	5	13	3	1	4	..	..	..	5	4	9	..	..	..	..	..	..
Psychoses with other disturbances of circulation	18	13	31	..	2	2	3	..	3	12	9	21	3	2	5	..	..	..
Psychoses with convulsive disorders (epilepsy)	9	8	17	1	..	1	..	..	..	4	7	11	4	1	5	..	..	..
Senile psychoses	8	5	13	..	1	1	1	..	1	7	4	11	..	..	..	..	..	..
Involutional psychoses	2	12	14	..	2	2	..	..	..	1	6	7	1	2	3	..	2	2
Psychoses due to other metabolic, etc., diseases	2	10	12	..	1	1	1	2	3	1	7	8	..	..	..	..	..	..
Psychoses due to new growth	2	..	2	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	4	..	4	..	..	..	1	..	1	3	..	3	..	..	..	..	..	..
Psychoneuroses	10	30	40	..	..	..	4	1	5	5	18	23	1	8	9	..	3	3
Manic-depressive psychoses	45	38	83	3	..	3	5	2	7	27	22	49	7	13	20	3	1	4
Dementia praecox (schizophrenia)	24	27	51	2	3	5	6	..	6	8	13	21	6	9	15	2	2	4
Paranoia and paranoid conditions	8	4	12	..	..	..	2	..	2	3	1	4	..	..	..	3	3	6
Psychoses with mental deficiency	3	1	4	1	..	1	..	..	..	2	1	3	..	..	..	..	..	..
Undiagnosed psychoses	9	9	18	1	..	1	1	..	1	6	6	12	..	1	1	1	2	3
Without psychosis	61	12	73	8	4	12	6	..	6	32	7	39	11	1	12	4	..	4
Primary behavior disorders	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..
TOTAL	240	177	417	22	14	36	32	6	38	132	106	238	38	37	75	16	14	30

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

COLORED RACE

PSYCHOSES	Total			Illiterate			Reads and Writes			Common School			High School			College			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (gen. paresis)	24	5	29	10	2	12	2	1	3	11	1	12	1	..	1	..	..	..	..	1	1
Psychoses with other forms of syphilis of the central nervous system	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	2	..	2	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Traumatic psychoses	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	6	2	8	..	..	..	..	..	..	5	1	6	..	..	..	1	..	1	..	1	1
Psychoses with other disturbances of circulation	11	12	23	4	2	6	1	1	2	6	5	11	..	..	..	..	..	..	..	4	4
Psychoses with convulsive disorders (epilepsy)	13	10	23	4	1	5	2	..	2	7	8	15	..	..	..	..	..	..	..	1	1
Senile psychoses	4	4	8	2	2	4	2	..	2	..	1	1	..	..	..	..	..	..	..	1	1
Involutional psychoses	..	2	2	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	7	13	20	3	3	6	..	1	1	3	6	9	1	..	1	..	..	..	..	3	3
Psychoses associated with organic changes of the nervous system	2	1	3	2	..	2	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
Manic-depressive psychoses	31	29	60	11	5	16	..	1	1	15	19	34	5	..	5	..	..	..	..	4	4
Dementia praecox (schizophrenia)	20	15	35	5	1	6	..	..	..	12	9	21	1	..	1	2	..	2	..	5	5
Paranoia and paranoid conditions	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	7	1	8	4	..	4	..	..	..	3	1	4	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	10	4	14	5	2	7	..	..	..	4	2	6	..	..	..	1	..	1	..	..	..
Without psychosis	16	6	22	8	4	12	..	..	..	8	2	10	..	..	..	..	..	..	..	..	..
TOTAL	156	104	260	61	23	84	7	4	11	76	57	133	8	..	8	4	..	4	..	20	20

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

WHITE RACE

PSYCHOSES	Total			Urban			Rural		
	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	13	1	14	7	1	8	6	..	6
Psychoses with other infectious diseases	..	1	1	..	1	1	..	..	..
Alcoholic psychoses	11	..	11	2	..	2	9	..	9
Psychoses due to drugs or other exogenous poisons	1	..	1	..	..	..	1	..	1
Traumatic psychoses	1	..	1	1	..	1	..	..	..
Psychoses with cerebral arteriosclerosis	8	5	13	3	3	6	5	2	7
Psychoses with other disturbances of circulation	18	13	31	6	7	13	12	6	18
Psychoses with convulsive disorders (epilepsy)	9	8	17	4	3	7	5	5	10
Senile psychoses	8	5	13	4	2	6	4	3	7
Involutional psychoses	2	12	14	1	6	7	1	6	7
Psychoses due to other metabolic, etc., diseases	2	10	12	1	3	4	1	7	8
Psychoses due to new growth	2	..	2	..	..	..	2	..	2
Psychoses associated with organic changes of the nervous system	4	..	4	1	..	1	3	..	3
Psychoneuroses	10	30	40	3	12	15	7	18	25
Manic-depressive psychoses	45	38	83	18	16	34	27	22	49
Dementia praecox (schizophrenia)	24	27	51	12	11	23	12	16	28
Paranoia and paranoid conditions	8	4	12	5	4	9	3	..	3
Psychoses with mental deficiency	3	1	4	2	..	2	1	1	2
Undiagnosed psychoses	9	9	18	4	6	10	5	3	8
Without psychosis	61	12	73	32	3	35	29	9	38
Primary behavior disorders	1	1	2	1	..	1	..	1	1
TOTAL	240	177	417	107	78	185	133	99	232

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

COLORED RACE

PSYCHOSES	Total			Urban			Rural		
	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	24	5	29	14	3	17	10	2	12
Psychoses with other forms of syphilis of the central nervous system	1	..	1	..	..	..	1	..	1
Alcoholic psychoses	2	..	2	1	..	1	1	..	1
Traumatic psychoses	1	..	1	..	..	..	1	..	1
Psychoses with cerebral arteriosclerosis	6	2	8	2	..	2	4	2	6
Psychoses with other disturbances of circulation	11	12	23	4	6	10	7	6	13
Psychoses with convulsive disorders (epilepsy)	13	10	23	5	4	9	8	6	14
Senile psychoses	4	4	8	..	2	2	4	2	6
Involutional psychoses	..	2	2	..	..	..	..	2	2
Psychoses due to other metabolic, etc., diseases	7	13	20	..	8	8	7	5	12
Psychoses associated with organic changes of the nervous system	2	1	3	..	1	1	2	..	2
Manic-depressive psychoses	31	29	60	4	4	8	27	25	52
Dementia praecox (schizophrenia)	20	15	35	5	5	10	15	10	25
Paranoia and paranoid conditions	1	..	1	1	..	1	..	..	..
Psychoses with mental deficiency	7	1	8	2	..	2	5	1	6
Undiagnosed psychoses	10	4	14	4	1	5	6	3	9
Without psychosis	16	6	22	3	2	5	13	4	17
TOTAL	156	104	260	45	36	81	111	68	179

ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total			Dependent			Marginal			Comfortable		
	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	13	1	14	..	..	..	13	1	14	..	..	..
Psychoses with other infectious diseases	..	1	1	..	..	..	..	1	1	..	..	..
Alcoholic psychoses	11	..	11	..	..	..	11	..	11	..	..	..
Psychoses due to drugs or other exogenous poisons	1	..	1	..	..	..	1	..	1	..	..	..
Traumatic psychoses	1	..	1	..	..	..	1	..	1	..	..	..
Psychoses with cerebral arteriosclerosis	8	5	13	..	..	..	8	5	13	..	..	..
Psychoses with other disturbances of circulation	18	13	31	..	1	1	16	12	28	2	..	2
Psychoses with convulsive disorders (epilepsy)	9	8	17	1	..	1	7	8	15	1	..	1
Senile psychoses	8	5	13	2	..	2	6	5	11	..	..	..
Involutional psychoses	2	12	14	..	..	..	2	12	14	..	..	..
Psychoses due to other metabolic, etc., diseases	2	10	12	..	..	..	2	10	12	..	..	..
Psychoses due to new growth	2	..	2	..	..	..	2	..	2	..	..	..
Psychoses associated with organic changes of the nervous system	4	..	4	1	..	1	3	..	3	..	..	..
Psychoneuroses	10	30	40	..	1	1	10	28	38	..	1	1
Manic-depressive psychoses	45	38	83	..	..	..	43	35	78	2	3	5
Dementia praecox (schizophrenia)	24	27	51	1	1	2	23	25	48	..	1	1
Paranoia and paranoid conditions	8	4	12	..	..	..	6	1	7	2	3	5
Psychoses with mental deficiency	3	1	4	..	..	..	3	1	4	..	..	..
Undiagnosed psychoses	9	9	18	..	..	..	6	8	14	3	1	4
Without psychosis	61	12	73	2	..	2	55	12	67	4	..	4
Primary behavior disorders	1	1	2	..	..	..	1	1	2	..	..	..
TOTAL	240	177	417	7	3	10	219	165	384	14	9	23

ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

PSYCHOSES	Total			Dependent			Marginal			Comfortable		
	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	24	5	29	1	..	1	23	5	28	..	..	..
Psychoses with other forms of syphilis of the central nervous system	1	..	1	..	..	..	1	..	1	..	..	..
Alcoholic psychoses	2	..	2	..	..	..	2	..	2	..	..	..
Traumatic psychoses	1	..	1	..	..	..	1	..	1	..	..	..
Psychoses with cerebral arteriosclerosis	6	2	8	..	..	..	6	2	8	..	..	..
Psychoses with other disturbances of circulation	11	12	23	..	1	1	11	11	22	..	..	..
Psychoses with convulsive disorders (epilepsy)	13	10	23	..	..	..	13	10	23	..	..	..
Senile psychoses	4	4	8	1	..	1	3	4	7	..	..	..
Involutional psychoses	..	2	2	..	..	..	..	2	2	..	..	..
Psychoses due to other metabolic, etc., diseases	7	13	20	..	..	..	7	13	20	..	..	..
Psychoses associated with organic changes of the nervous system	2	1	3	..	..	..	2	1	3	..	..	..
Manic-depressive psychoses	31	29	60	..	..	..	31	29	60	..	..	..
Dementia praecox (schizophrenia)	20	15	35	..	..	..	20	14	34	..	1	1
Paranoia and paranoid conditions	1	..	1	..	..	..	1	..	1	..	..	..
Psychoses with mental deficiency	7	1	8	..	..	..	7	1	8	..	..	..
Undiagnosed psychoses	10	4	14	..	..	..	10	4	14	..	..	..
Without psychosis	16	6	22	..	..	..	16	6	22	..	..	..
TOTAL	156	104	260	2	1	3	154	102	256	..	1	1

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	13	1	14	7	1	8	3	..	3	2	..	2	1	..	1
Psychoses with other infectious diseases	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	11	..	11	..	..	..	..	..	..	11	..	11	..	..	..
Psychoses due to drugs or other exogenous poisons	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..
Traumatic psychoses	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	8	5	13	7	5	12	1	..	1	..	..	..	..	..	..
Psychoses with other disturbances of circulation	18	13	31	14	13	27	1	..	1	2	..	2	1	..	1
Psychoses with convulsive disorders (epilepsy)	9	8	17	8	8	16	..	..	..	1	..	1	..	..	..
Senile psychoses	8	5	13	5	5	10	2	..	2	1	..	1	..	..	..
Involutional psychoses	2	12	14	2	12	14	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	2	10	12	..	9	9	2	..	2	..	1	1	..	..	..
Psychoses due to new growth	2	..	2	2	..	2	..	..	..	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	4	..	4	3	..	3	1	..	1	..	..	..	..	..	..
Psychoneuroses	10	30	40	7	28	35	3	..	3	2	2	4	..	..	..
Manic-depressive psychoses	45	38	83	33	36	69	11	1	12	1	1	2	..	..	..
Dementia praecox (schizophrenia)	24	27	51	14	27	41	5	..	5	3	..	3	2	..	2
Paranoia and paranoid conditions	8	4	12	3	4	7	5	..	5	..	..	..	..	..	..
Psychoses with mental deficiency	3	1	4	3	1	4	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	9	9	18	6	9	15	..	..	..	3	..	3	..	..	..
Without psychosis	61	12	73	17	9	26	7	2	9	37	1	38	..	..	..
Primary behavior disorders	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..
TOTAL	240	177	417	133	169	302	41	3	44	62	5	67	4	..	4

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

PSYCHOSES	Total			Abstinent			Temperate			Intemperate		
	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	24	5	29	20	4	24	4	..	4	..	1	1
Psychoses with other forms of syphilis of the central nervous system	1	..	1	1	..	1	..	..	..	..	..	..
Alcoholic psychoses	2	..	2	..	..	..	..	..	..	2	..	2
Traumatic psychoses	1	..	1	1	..	1	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	6	2	8	4	2	6	2	..	2	..	..	..
Psychoses with other disturbances of circulation	11	12	23	7	12	19	2	..	2	2	..	2
Psychoses with convulsive disorders (epilepsy)	13	10	23	11	10	21	2	..	2	..	..	..
Senile psychoses	4	4	8	4	4	8	..	..	..	..	..	..
Involutional psychoses	..	2	2	..	2	2	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	7	13	20	3	13	16	3	..	3	1	..	1
Psychoses associated with organic changes of the nervous system	2	1	3	2	1	3	..	..	..	..	..	..
Manic-depressive psychoses	31	29	60	24	26	50	4	2	6	3	1	4
Dementia praecox (schizophrenia)	20	15	35	19	15	34	..	..	..	1	..	1
Paranoia and paranoid conditions	1	..	1	..	..	..	1	..	1	..	..	..
Psychoses with mental deficiency	7	1	8	4	1	5	3	..	3	..	..	..
Undiagnosed psychoses	10	4	14	5	3	8	4	1	5	1	..	1
Without psychosis	16	6	22	10	5	15	2	..	2	4	1	5
TOTAL	156	104	260	115	98	213	27	3	30	14	3	17

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	13	1	14	1	..	1	9	1	10	1	..	1	1	..	1	1	..	1
Psychoses with other infectious diseases	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	11	..	11	4	..	4	7	..	7	..	..	..	..	..	..	..	..	..
Psychoses due to drugs or other exogenous poisons	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	8	5	13	1	..	1	6	4	10	1	1	2	..	..	..	..	..	..
Psychoses with other disturbances of circulation	18	13	31	1	1	2	13	12	25	3	..	3	1	..	1	..	..	..
Psychoses with convulsive disorders (epilepsy)	9	8	17	5	1	6	4	6	10	..	1	1	..	..	..	..	..	..
Senile psychoses	8	5	13	2	..	2	4	3	7	2	2	4	..	..	..	..	..	..
Involutional psychoses	2	12	14	..	..	..	2	8	10	..	4	4	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	2	10	12	..	2	2	2	4	6	..	4	4	..	..	..	..	..	..
Psychoses due to new growth	2	..	2	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	4	..	4	2	..	2	2	..	2	..	..	..	..	..	..	..	..	..
Psychoneuroses	10	30	40	5	2	7	5	22	27	..	3	3	..	3	3	..	..	..
Manic-depressive psychoses	45	38	83	21	8	29	22	22	44	2	5	7	..	2	2	..	1	1
Dementia praecox (schizophrenia)	24	27	51	17	12	29	4	14	18	2	..	2	1	1	2	..	..	..
Paranoia and paranoid conditions	8	4	12	3	1	4	3	3	6	..	..	..	2	..	2	..	..	..
Psychoses with mental deficiency	3	1	4	3	..	3	..	1	1	..	..	..	..	..	..	..	..	..
Undiagnosed psychoses	9	9	18	4	1	5	4	7	11	1	..	1	..	1	1	..	..	..
Without psychosis	61	12	73	15	2	17	39	8	47	2	..	2	5	2	7	..	..	..
Primary behavior disorders	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	240	177	417	85	32	117	129	115	244	15	20	35	10	9	19	1	1	2

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (gen. paresis)	24	5	29	3	1	4	17	2	19	1	1	2	2	1	3	..	..	..	1	..	1
Psychoses with other forms of syphilis of the central nervous system	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic psychoses	2	..	2	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Traumatic psychoses	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	6	2	8	2	..	2	4	..	4	..	2	2	..	..	..	..	..	..	..	..	..
Psychoses with other disturbances of circulation	11	12	23	2	..	2	5	8	13	4	1	5	..	2	2	..	..	..	..	1	1
Psychoses with convulsive disorders (epilepsy)	13	10	23	10	5	15	2	3	5	1	..	1	..	2	2	..	..	..	..	..	..
Senile psychoses	4	4	8	..	..	..	..	2	2	4	2	6	..	..	..	..	..	..	..	..	..
Involutional psychoses	..	2	2	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	7	13	20	2	3	5	4	4	8	..	3	3	1	3	4	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	2	1	3	2	..	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Manic-depressive psychoses	31	29	60	14	8	22	12	14	26	..	1	1	3	5	8	..	1	1	2	..	2
Dementia praecox (schizophrenia)	20	15	35	16	1	17	2	9	11	..	1	1	1	4	5	..	..	..	1	..	1
Paranoia and paranoid conditions	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Psychoses with mental deficiency	7	1	8	5	..	5	1	1	2	..	..	..	1	..	1	..	..	..	..	..	..
Undiagnosed psychoses	10	4	14	1	4	5	7	..	7	1	..	1	1	..	1	..	..	..	..	..	..
Without psychosis	16	6	22	10	5	15	3	1	4	..	..	..	..	..	..	..	..	..	3	..	3
TOTAL	156	104	260	68	27	95	60	45	105	11	12	23	10	18	28	..	1	1	7	1	8

PSYCHOSES OF READMISSIONS

PSYCHOSES	White Males	White Females	Colored Males	Colored Females	Total
Psychoses with syphilitic meningo-encephalitis (general paresis)	1	1	2	..	4
Psychoses with other forms of syphilis of the central nervous system	1	..	..	..	1
Alcoholic psychoses	7	..	..	..	7
Psychoses due to drugs or other exogenous poisons	..	1	..	..	1
Traumatic psychoses	1	..	..	..	1
Psychoses with cerebral arteriosclerosis	3	..	1	..	4
Psychoses with other disturbances of circulation	1	..	..	..	1
Psychoses with convulsive disorders (epilepsy)	5	2	2	2	11
Senile psychoses	..	..	1	..	1
Involutional psychoses	..	3	..	..	3
Psychoses due to other metabolic, etc., diseases	2	3	2	1	8
Psychoses associated with organic changes of the nervous system	3	..	..	..	3
Psychoneuroses	5	7	..	..	12
Manic-depressive psychoses	25	30	15	9	79
Dementia praecox (schizophrenia)	12	28	7	10	57
Paranoia and paranoid conditions	1	7	..	1	9
Psychoses with psychopathic personality	1	..	..	..	1
Psychoses with mental deficiency	3	1	..	2	6
Undiagnosed psychoses	1	2	1	..	4
Without psychosis	16	6	..	2	24
TOTAL	88	91	31	27	237

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES AND CONDITION ON DISCHARGE
WHITE RACE

PSYCHOSES	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	6	3	9	..	1	1	6	2	8	..	..	..	..	..	..
Psychoses with other forms of syphilis of the central nervous system	2	..	2	..	..	..	2	..	2	..	..	..	..	..	..
Alcoholic psychoses	14	..	14	7	..	7	7	..	7	..	..	..	..	..	..
Psychoses due to drugs or other exogenous poisons	2	3	5	2	2	4	..	1	1	..	..	..	..	..	..
Phychoses with cerebral arteriosclerosis	9	8	17	..	1	1	9	6	15	..	1	1	..	..	..
Psychoses with other disturbances of circulation	9	7	16	1	1	2	8	6	14	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	7	12	19	..	..	..	7	12	19	..	..	..	..	..	..
Senile psychoses	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..
Involutional psychoses	2	9	11	..	1	1	2	8	10	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	9	14	23	6	9	15	2	5	7	1	..	1	..	..	..
Psychoses associated with organic changes of the nervous system	5	1	6	..	..	..	4	1	5	1	..	1	..	..	..
Psychoneuroses	9	29	38	2	8	10	7	15	22	..	6	6	..	..	..
Manic-depressive psychoses	58	67	125	45	56	101	10	10	20	3	1	4	..	..	..
Dementia praecox (schizophrenia)	28	41	69	..	..	..	28	38	66	..	3	3	..	..	..
Paranoia and paranoid conditions	1	6	7	..	..	..	1	6	7	..	..	..	..	..	..
Psychoses with psychopathic personality	2	..	2	..	..	..	1	..	1	1	..	1	..	..	..
Psychoses with mental deficiency	5	4	9	..	..	..	5	4	9	..	..	..	..	..	..
Undiagnosed psychoses	5	6	11	..	2	2	2	3	5	3	1	4	..	..	..
Without psychosis	75	17	92	..	..	..	..	..	..	..	..	..	75	17	92
Primary behavior disorders	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..
TOTAL	250	228	478	63	81	144	103	118	221	9	12	21	75	17	92

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES AND CONDITION ON DISCHARGE
COLORED RACE

PSYCHOSES	Total			Recovered			Improved			Unimproved			Without Psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Psychoses with syphilitic meningo-encephalitis (general paresis)	2	3	5	..	..	..	2	2	4	..	1	1	..	..	..
Alcoholic psychoses	4	1	5	2	..	2	2	1	3	..	..	..	..	..	..
Psychoses with cerebral arteriosclerosis	3	..	3	..	..	..	3	..	3	..	..	..	..	..	..
Psychoses with other disturbances of circulation	6	5	11	..	2	2	6	3	9	..	..	..	..	..	..
Psychoses with convulsive disorders (epilepsy)	11	1	12	..	..	..	11	1	12	..	..	..	..	..	..
Senile psychoses	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..
Psychoses due to other metabolic, etc., diseases	5	5	10	1	5	6	4	..	4	..	..	..	..	..	..
Psychoses associated with organic changes of the nervous system	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..
Psychoneuroses	..	3	3	..	..	..	..	3	3	..	..	..	..	..	..
Manic-depressive psychoses	22	38	60	16	30	46	5	7	12	1	1	2	..	..	..
Dementia praecox (schizophrenia)	5	12	17	..	..	..	5	12	17	..	..	..	..	..	..
Psychoses with mental deficiency	3	5	8	..	3	3	3	2	5	..	..	..	..	..	..
Undiagnosed psychoses	1	1	2	..	..	..	1	1	2	..	..	..	..	..	..
Without psychosis	11	3	14	..	..	..	..	..	..	..	..	..	11	3	14
TOTAL	75	79	154	19	40	59	44	34	78	1	2	3	11	3	14

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
WHITE RACE

CAUSE OF DEATH	Total			Senile			With cerebral arteriosclerosis			Syphilitic meningo encephalitis			Alcoholic			Manic depressive			Involution melancholia			Dementia praecox			Paranoia and paranoid conditions			Convulsive disorders			Psychoneuroses and neuroses			All other psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
General Diseases																																				
Septicemia	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Pellagra	3	6	9	..	..	..	..	..	..	..	..	..	1	..	1	1	1	2	..	2	2	..	2	2	..	..	..	..	..	..	..	..	..	1	1	2
Tuberculosis of lungs	4	1	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	2	1	3
Cancer	2	3	5	1	1	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholism (acute or chronic)	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pernicious anemia	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Arthritis deformans	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nervous System																																				
Apoplexy (cerebral hemorrhage)	3	2	5	..	1	1	2	1	3	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paresis	10	..	10	..	..	..	..	..	..	10	..	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Exhaustion from mental excitement	4	3	7	..	..	..	..	..	..	..	..	..	..	..	..	4	1	5	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Brain tumor	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Epilepsy	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	4	..	..	..	..	..	..
Chorea	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Other diseases of the nervous system	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Circulatory System																																				
Endocarditis and myocarditis	9	11	20	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	7	8	..	..	..	..	..	..	1	1	7	2	9
Other diseases of heart	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Arterio sclerosis	21	7	28	5	2	7	5	..	5	..	..	..	..	..	..	1	1	2	1	..	1	2	2	4	..	1	1	1	..	1	..	..	..	6	1	7
Respiratory System																																				
Lobar pneumonia	3	..	3	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
Other diseases of respiratory system	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Digestive System																																				
Intestinal parasites—Necator Americanus	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Genito-Urinary System																																				
Chronic nephritis	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	1	1
Cyst of right kidney causing intestinal obstruction	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Other diseases of genito-urinary system	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Violence																																				
Traumatism of head by fall, probably basal fracture of skull—unknown whether accidental or suicidal	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Taking bichloride of mercury while away from hospital	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ulceration and perforation of esophagus—result of drinking lye with suicidal intent before admission	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
TOTAL	75	41	116	7	5	12	8	1	9	10	..	10	3	..	3	11	6	17	1	3	4	10	13	23	..	1	1	3	2	5	1	1	2	21	9	30

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
COLORED RACE

CAUSE OF DEATH	Total			Senile			With cerebral arteriosclerosis			Syphilitic meningo encephalitis			Alcoholic			Manic depressive			Dementia praecox			Convulsive disorders			With mental deficiency			All other psychoses		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
General Diseases																														
Influenza	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..
Septicemia	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	1	..	1	1	..	1
Pellagra	5	6	11	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	5	5	10
Tuberculosis of lungs	3	19	22	..	..	..	..	..	..	..	..	..	1	..	1	..	2	2	2	12	14	..	..	..	..	1	1	..	4	4
Cancer	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1
Syphilis	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Nervous System																														
Apoplexy (cerebral hemorrhage)	..	2	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
General paresis	20	1	21	..	..	..	..	..	..	20	1	21	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Exhaustion from mental excitement	12	5	17	..	..	..	..	..	..	..	..	..	..	..	..	5	4	9	3	1	4	..	..	..	1	..	1	3	..	3
Epilepsy	6	6	12	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	2	2	3	5	1	..	1	2	1	3
Circulatory System																														
Endocarditis and myocarditis	16	6	22	1	1	2	..	1	1	..	..	..	..	..	..	1	1	2	3	1	4	..	..	..	..	..	..	10	3	13
Arterio sclerosis	10	9	19	4	4	8	4	3	7	..	..	..	..	..	..	..	..	..	1	2	3	..	..	..	..	..	..	1	..	1
Respiratory System																														
Lobar pneumonia	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..
Digestive System																														
Diarrhea and enteritis	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Genito-Urinary System																														
Chronic nephritis	2	2	4	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	1	3	..	..	..	..	..	..	..	..	..	..
Premature birth	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Violence																														
Fracture of skull—accidental—fall on floor	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
TOTAL	79	63	142	5	6	11	6	3	9	20	1	21	1	..	1	7	9	16	13	23	36	2	4	6	3	1	4	22	16	38

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

WHITE RACE

PSYCHOSES	Total			15—19 years			20—24 years			25—29 years			30—34 years			35—39 years			40—44 years			45—49 years			50—54 years			55—59 years			60—64 years			65—69 years			70 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
With syphilitic meningo-encephalitis (general paresis)	10	..	10	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	2	..	2	3	..	3	1	..	1	..	..	..	1	..	1	1	..	1	..	..	..
Alcoholic	3	..	3	..	..	..	..	..	..	1	..	1	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With cerebral arteriosclerosis	8	1	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	2	..	..	..	..	..	2	..	2	1	..	1	1	..	1	2	..	2
With other disturbances of circulation	13	3	16	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	2	..	2	1	1	2	2	..	2	3	1	4	2	..	2	2	..	2
With convulsive disorders (epilepsy)	3	2	5	1	..	1	..	..	..	..	2	2	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	2	..	2	3	1	4	2	..	2	2	..	2
Senile	7	5	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Involutional	1	3	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..	..	..	7	5	12
Due to other metabolic, etc. diseases	1	4	5	..	..	..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Due to new growth	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	1	..	..	..	1	1
Associated with organic changes of the nervous system	3	1	4	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Psychoneuroses	1	1	2	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Manic-depressive	11	6	17	..	..	..	2	..	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Dementia praecox (schizophrenia)	10	13	23	..	..	..	..	..	..	1	..	1	1	1	2	2	1	3	1	..	1	1	1	2	2	2	4	..	1	1	2	..	2	1	1	2	2	..	2
Paranoia and paranoid conditions	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	4	4	2	..	2	1	3	4	..	1	1	1	1	2	1	2	3
Undiagnosed	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Without psychosis	3	..	3	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
TOTAL	75	41	116	2	..	2	2	..	2	3	2	5	10	3	13	2	2	4	4	3	7	10	5	15	8	6	14	5	4	9	8	4	12	6	2	8	15	10	25

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

COLORED RACE

PSYCHOSES	Total			Under 15 years			15–19 years			20–24 years			25–29 years			30–34 years			35–39 years			40–44 years			45–49 years			50–54 years			55–59 years			60–64 years			65–69 years			70 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
With syphilitic meningo-encephalitis (general paresis)	20	1	21	..	..	..	..	..	..	..	..	..	1	..	1	4	..	4	6	..	6	5	..	5	2	1	3	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..
Alcoholic	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With cerebral arteriosclerosis	6	3	9	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	1	1	2	..	..	..	1	1	2	1	1	2	1	..	1	..	..	..
With other disturbances of circulation	6	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	2	..	2	2	..	2	1	..	1	..	..	..	..	..	..
With convulsive disorders (epilepsy)	2	4	6	..	..	..	..	1	1	1	1	2	1	1	2	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Senile	5	6	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2	2	4	..	4	1	3	4
Due to other metabolic, etc. diseases	6	12	18	..	..	..	..	..	..	..	..	..	..	1	1	1	4	5	..	3	3	1	2	3	1	1	2	1	..	1	1	1	2	..	..	..	1	..	1	..	..	..
Manic-depressive	7	9	16	..	..	..	..	..	..	..	1	1	1	2	3	1	1	2	..	1	1	2	1	3	2	1	3	..	2	2	1	..	1	..	..	..	..	..	..	..	..	..
Dementia praecox (schizophrenia)	13	23	36	..	..	..	..	3	3	2	2	4	3	3	6	1	4	5	..	4	4	1	..	1	1	2	3	1	..	1	2	2	4	..	2	2	1	1	2	1	..	1
With mental deficiency	3	1	4	..	..	..	1	..	1	..	..	..	1	..	1	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Undiagnosed	3	1	4	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
Without psychosis	7	3	10	..	1	1	..	..	..	1	..	1	3	..	3	..	..	..	..	..	..	..	2	2	..	..	..	1	..	1	1	..	1	1	..	1	..	..	..	..	..	..	..
TOTAL	79	63	142	..	1	1	1	4	5	4	5	9	10	7	17	10	10	20	8	8	16	11	5	16	7	7	14	6	2	8	9	5	14	4	5	9	7	1	8	2	3	5

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL CLASSIFIED ACCORDING TO PRINCIPAL PSYCHOSES

WHITE RACE

PSYCHOSES	Total			Less than 1 month			1—3 months			4—7 months			8—12 months			1—2 years			3—4 years			5—6 years			7—8 years			9—10 years			11—12 years			13—14 years			15—19 years			20 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
With syphilitic meningo-encephalitis (general paresis)	10	..	10	..	..	..	3	..	3	1	..	1	1	..	1	1	..	1	4	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic	3	..	3	..	..	..	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With cerebral arteriosclerosis	8	1	9	1	1	2	1	..	1	2	..	2	1	..	1	2	..	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With other disturbances of circulation	13	3	16	5	3	8	2	..	2	2	..	2	..	..	..	3	..	3	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With convulsive disorders (epilepsy)	3	2	5	..	1	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Senile	7	5	12	1	..	1	1	..	1	1	..	1	..	1	1	..	3	3	3	1	4	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Involutional	1	3	4	..	1	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..
Due to other metabolic, etc. diseases	1	4	5	1	2	3	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Due to new growth	1	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Associated with organic changes of the nervous system	3	1	4	..	..	..	..	1	1	..	..	..	..	..	..	1	..	1	..	..	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Psychoneuroses	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
Manic-depressive	11	6	17	4	..	4	..	1	1	1	..	1	..	..	..	1	..	1	2	1	3	..	2	2	2	..	2	..	2	2	..	..	..	..	..	..	..	..	..	1	..	1	..	..
Dementia praecox (schizophrenia)	10	13	23	..	..	..	1	1	..	2	2	..	1	1	2	..	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	4	4	8	12
Paranoia and paranoid conditions	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
Undiagnosed	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Without psychosis	3	..	3	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..
TOTAL	75	41	116	12	8	20	11	4	15	8	2	10	2	2	4	11	4	15	11	3	14	6	4	10	2	..	2	..	3	3	1	..	1	1	..	1	6	2	8	4	9	13

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL CLASSIFIED ACCORDING TO PRINCIPAL PSYCHOSES

COLORED RACE

PSYCHOSES	Total			Less than 1 month			1—3 months			4—7 months			8—12 months			1—2 years			3—4 years			5—6 years			7—8 years			9—10 years			11—12 years			13—14 years			15—19 years			20 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
With syphilitic meningo-encephalitis (general paresis)	20	1	21	2	..	2	9	..	9	2	..	2	1	..	1	6	1	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Alcoholic	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With cerebral arteriosclerosis	6	3	9	2	..	2	..	..	..	..	..	..	..	..	..	1	..	1	2	1	3	..	1	1	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With other disturbances of circulation	6	..	6	1	..	1	1	..	1	1	..	1	..	..	..	1	..	1	1	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
With convulsive disorders (epilepsy)	2	4	6	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	1	..	..	..	1	..	1	..	1	1	..	2	2	..	..	..	..	..	..	..	..	..	..
Senile	5	6	11	..	..	..	1	..	1	2	..	2	..	1	1	2	1	3	..	2	2	..	..	..	..	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Due to other metabolic, etc. diseases	6	12	18	3	5	8	..	4	4	..	..	..	1	..	1	..	3	3	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Manic-depressive	7	9	16	3	3	6	2	2	4	..	..	..	1	..	1	..	2	2	..	1	1	1	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dementia praecox (schizophrenia)	13	23	36	..	..	..	1	1	2	..	1	1	..	1	1	1	4	5	3	4	7	1	1	2	..	1	1	4	1	5	..	2	2	..	1	1	1	5	6	2	1	3
With mental deficiency	3	1	4	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	1	1	..	1	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Undiagnosed	3	1	4	3	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Without psychosis	7	3	10	..	1	1	1	..	1	..	..	..	1	..	1	..	..	..	1	..	1	..	..	..	1	1	2	..	..	..	..	..	..	..	1	1	..	..	..	3	..	3
TOTAL	79	63	142	14	10	24	15	7	22	5	1	6	4	3	7	12	11	23	9	9	18	5	3	8	3	5	8	4	2	6	2	4	6	..	2	2	1	5	6	5	1	6

AGES AND DURATION IN HOSPITAL OF THOSE DYING OF PELLAGRA

	Total					25-29 years					30-34 years					35-39 years					40-44 years					45-49 years					50-54 years					55-59 years				
	W. M.	W. F.	C. M.	C. F.	Total	W. M.	W. F.	C. M.	C. F.	Total	W. M.	W. F.	C. M.	C. F.	Total	W. M.	W. F.	C. M.	C. F.	Total	W. M.	W. F.	C. M.	C. F.	Total	W. M.	W. F.	C. M.	C. F.	Total	W. M.	W. F.	C. M.	C. F.	Total	W. M.	W. F.	C. M.	C. F.	Total
Less than one month	1	2	3	5	11	..	..	..	1	1	..	1	..	2	3	..	..	..	1	1	..	..	1	1	2	..	..	..	..	..	1	1	1	..	3	..	..	1	..	1
1—3 months	1	..	..	1	2	..	..	..	..	..	1	..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4—7 months	1	..	..	..	1	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
8—12 months	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
1—2 years	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
3—4 years	..	1	1	..	2	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
5—6 years	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..
9—10 years	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	3	6	5	6	20	..	..	..	1	1	2	1	1	3	7	..	..	..	1	1	..	..	1	1	2	..	2	1	..	3	1	3	1	..	5	..	..	1	..	1

COMPARISON OF DEATHS FROM PELLAGRA WITH OTHER CAUSES

Month	White Males					White Females					Total White					Colored Males					Colored Females					Total Colored					Total White and Colored				
	Cause of Death			Relative Per Cent 100 Pc		Cause of Death			Relative Per Cent 100 Pc.		Cause of Death			Relative Per Cent 100 Pc.		Cause of Death			Relative Per Cent 100 Pc.		Cause of Death			Relative Per Cent 100 Pc.		Cause of Death			Relative Per Cent 100 Pc.		Cause of Death			Relative Per Cent 100 Pc.	
	Total	Pellagra	All Other Causes	Pellagra	All Other Causes	Total	Pellagra	All Other Causes	Pellagra	All Other Causes	Total	Pellagra	All Other Causes	Pellagra	All Other Causes	Total	Pellagra	All Other Causes	Pellagra	All Other Causes	Total	Pellagra	All Other Causes	Pellagra	All Other Causes	Total	Pellagra	All Other Causes	Pellagra	All Other Causes	Total	Pellagra	All Other Causes	Pellagra	All Other Causes
July, 1934	7	..	7	....	....	8	1	7	....	....	15	1	14	....	....	2	..	2	....	....	13	1	12	....	....	15	1	14	....	....	30	2	28	.....	.....
August, 1934	3	..	3	....	....	3	1	2	....	....	6	1	5	....	....	3	1	2	....	....	5	..	5	....	....	8	1	7	....	....	14	2	12	.....	.....
September, 1934	9	1	8	....	....	5	..	5	....	....	14	1	13	....	....	7	..	7	....	....	5	1	4	....	....	12	1	11	....	....	26	2	24	.....	.....
October, 1934	3	..	3	....	....	2	1	1	....	....	5	1	4	....	....	4	..	4	....	....	4	..	4	....	....	8	..	8	....	....	13	1	12	.....	.....
November, 1934	8	..	8	....	....	2	..	2	....	....	10	..	10	....	....	6	1	5	....	....	8	..	8	....	....	14	1	13	....	....	24	1	23	.....	.....
December, 1934	3	..	3	....	....	2	..	2	....	....	5	..	5	....	....	7	..	7	....	....	3	1	2	....	....	10	1	9	....	....	15	1	14	.....	.....
January, 1935	9	..	9	....	....	1	..	1	....	....	10	..	10	....	....	3	..	3	....	....	8	..	8	....	....	11	..	11	....	....	21	..	21	.....	.....
February, 1935	7	..	7	....	....	4	1	3	....	....	11	1	10	....	....	8	..	8	....	....	4	..	4	....	....	12	..	12	....	....	23	1	22	.....	.....
March, 1935	8	1	7	....	....	5	..	5	....	....	13	1	12	....	....	11	..	11	....	....	3	1	2	....	....	14	1	13	....	....	27	2	25	.....	.....
April, 1935	5	..	5	....	....	3	..	3	....	....	8	..	8	....	....	15	1	14	....	....	4	1	3	....	....	19	2	17	....	....	27	2	25	.....	.....
May, 1935	7	1	6	....	....	4	1	3	....	....	11	2	9	....	....	5	1	4	....	....	4	1	3	....	....	9	2	7	....	....	20	4	16	.....	.....
June, 1935	6	..	6	....	....	2	1	1	....	....	8	1	7	....	....	8	1	7	....	....	2	..	2	....	....	10	1	9	....	....	18	2	16	.....	.....
TOTAL	75	3	72	4.00	96.00	41	6	35	14.63	85.37	116	9	107	7.76	92.24	79	5	74	6.32	93.68	63	6	57	9.52	90.48	142	11	131	7.75	92.25	258	20	238	7.75	92.25

RESULTS OF PELLAGRINS ADMITTED

	White Males	White Females	Total White	Colored Males	Colored Females	Total Colored	Total White and Colored
Dead	3	4	7	3	5	8	15
Discharged	..	1	1	..	..	..	1
Out on Parole	4	4	8	..	1	1	9
Still in Hospital	3	14	17	4	8	12	29
TOTAL	10	23	33	7	14	21	54

OCCUPATIONS AND DAILY AVERAGE NUMBER OF PATIENTS OCCUPIED

	White Males	White Females	Colored Males	Colored Females	Total
Baggage room	3	..	..	..	3
Bakery	12	..	..	..	12
Barber shop	2	..	..	..	2
Broom making	1	..	..	..	1
Carbolizing detail	7	..	..	..	7
Cleaning walls	6	..	..	..	6
Coal pile and detail	24	..	15	..	39
Dairy	1	..	4	..	5
Dental office	1	..	..	..	1
Dining room	75	71	30	75	251
Fancy work	..	20	..	..	20
Farm	32	..	105	..	137
Fireman	..	..	3	..	3
Fish detail	11	..	..	..	11
Florist	2	..	..	..	2
Garbage	4	..	..	..	4
Garden, vegetable	4	..	..	..	4
Hog feeders	..	..	1	..	1
Kitchen	18	..	30	24	72
Laboratory	1	..	..	..	1
Laundry	1	..	10	60	71
Mattress making	4	..	..	..	4
Mending	..	..	..	18	18
Musicians	8	..	..	..	8
Offices and halls	2	..	..	..	2
Printers	2	..	..	..	2
Scrubbers	6	..	20	..	26
Sewer cleaners	4	..	..	..	4
Sewing on ward	1	..	..	..	1
Sewing room	4	50	5	58	117
Stairways	4	..	4	..	8
Storeroom	10	..	..	..	10
Trucks and wagons	..	..	7	..	7
Vegetable house	..	5	..	49	54
Ward work	102	165	49	150	466
Wood yard and cutting	2	..	15	..	17
Yard detail	16	..	9	57	82
TOTAL	370	311	307	491	1479

RESIDENCE OF PATIENTS PRESENT JUNE 30, 1935

Counties	White Males	Colored Males	White Females	Colored Females	Total
Abbeville	16	17	21	15	69
Aiken	35	30	40	19	124
Allendale	12	11	8	3	34
Anderson	54	30	68	29	181
Bamberg	5	12	5	21	43
Barnwell	8	23	7	16	54
Beaufort	4	18	5	12	39
Berkeley	1	14	14	11	40
Calhoun	7	18	3	15	43
Charleston	58	60	51	63	232
Cherokee	16	7	19	10	52
Chester	28	21	19	22	90
Chesterfield	22	10	28	11	71
Clarendon	11	15	16	27	69
Colleton	25	14	12	21	72
Darlington	16	21	24	12	73
Dillon	9	4	13	7	33
Dorchester	4	10	9	15	38
Edgefield	4	12	5	11	32
Fairfield	6	20	8	12	46
Florence	27	22	29	35	113
Georgetown	3	21	6	17	47
Greenville	64	27	78	25	194
Greenwood	24	24	27	21	96
Hampton	2	10	10	9	31
Horry	20	8	14	8	50
Jasper	4	8	2	13	27
Kershaw	20	15	14	22	71
Lancaster	12	9	21	12	54
Laurens	31	20	19	11	81
Lee	7	10	13	13	43
Lexington	16	11	27	6	60
Marion	9	14	16	16	55
Marlboro	5	17	17	21	60
McCormick	1	7	4	6	18
Newberry	14	14	15	12	55
Oconee	20	11	21	3	55
Orangeburg	18	32	27	32	109
Pickens	34	7	20	9	70
Richland	68	63	66	70	267
Saluda	6	4	10	7	27
Spartanburg	81	35	76	40	232
Sumter	20	26	17	32	95
Union	16	11	22	6	55
Williamsburg	10	21	11	18	60
York	24	18	36	26	104
TOTAL	897	832	993	842	3564

RESIDENCE OF PATIENTS RECEIVED FROM JULY 1, 1934 THROUGH JUNE 30, 1935

Counties	White Males	Colored Males	White Females	Colored Females	Total
Abbeville	..	7	3	2	12
Aiken	14	8	11	1	34
Allendale	2	1	3	..	6
Anderson	21	4	17	8	50
Bamberg	1	4	2	2	9
Barnwell	4	7	2	2	15
Beaufort	4	8	3	7	22
Berkeley	2	2	1	1	6
Calhoun	..	3	..	4	7
Charleston	15	7	6	..	28
Cherokee	7	1	5	1	14
Chester	7	3	2	4	16
Chesterfield	7	7	7	4	25
Clarendon	1	3	3	10	17
Colleton	4	3	4	4	15
Darlington	9	3	9	1	22
Dillon	3	2	1	1	7
Dorchester	4	3	1	5	13
Edgefield	2	..	2	2	6
Fairfield	8	7	6	2	23
Florence	10	3	10	3	26
Georgetown	2	5	..	..	7
Greenville	26	9	21	4	60
Greenwood	12	5	12	3	32
Hampton	5	3	2	1	11
Horry	13	1	5	1	20
Jasper	..	1	..	4	5
Kershaw	2	4	5	2	13
Lancaster	6	1	5	2	14
Laurens	9	..	8	1	18
Lee	2	3	2	2	9
Lexington	10	3	11	1	25
Marion	2	3	2	..	7
Marlboro	3	2	3	2	10
McCormick	2	1	2	1	6
Newberry	5	3	6	1	15
Oconee	7	2	7	1	17
Orangeburg	9	8	5	4	26
Pickens	15	1	6	1	23
Richland	29	15	17	15	76
Saluda	2	1	5	..	8
Spartanburg	25	8	24	6	63
Sumter	3	10	1	3	17
Union	4	2	3	1	10
Williamsburg	2	7	6	4	19
York	8	3	12	7	30
TOTAL	328	187	268	131	914

TREASURER'S REPORT

June 30, 1935.

Dr. C. F. Williams, Superintendent, South Carolina State Hospital, Columbia, S. C.

Dear Sir: The financial report for the year July 1, 1934-June 30, 1935, is herewith respectfully submitted.

We succeeded in making the appropriation of $825,000.00 plus fees of $20,959.16 pay the 1932 deficit of $13,356.25, which resulted from the 15% cut made by the Finance Committee in June of that year; the 1933-1934 deficit of $51,975.81 occasioned by the very great increase in price of food and clothing incident to the operation of the National Industrial Recovery Act and for necessities for this year.

Much ordinary repair, such as painting of buildings and care of roofs, was postponed for lack of funds, replacements of some worn-out equipment were deferred, our coal deliveries were slowed down and it is to be borne in mind that these circumstances have put upon the Appropriation for 1935-1936 considerably more than its share of upkeep and supply cost.

COST OF OPERATION

Income for the twelve months ended June 30, 1935, is as follows:

From paying patients	$17,603.30
From dairy and farms	356.04
From diversional occupation department	296.03
From sundry sources	2,703.79

The daily average population is 3,490 and the daily per capita cost $0.6128.

FARM OPERATIONS

The Columbia farm and Columbia dairy show a nice profit but the Moore and Pel farms (State Park) do not. The summer drought was very severe there. A number of cows had to be eliminated from the Pel dairy herd because of Bang's disease and that greatly reduced the milk production. The combined farm and dairy industry shows a profit of $14,533.31.

Respectfully,

H. T. PATTERSON,
Treasurer.

GENERAL INFORMATION

July 1, 1934-June 30, 1935

1. Date of opening as a hospital for mental diseases: December 18, 1827.

(Date of founding of institution: December 21, 1821)

2. Type of hospital: State.

3. Hospital plant:

Value of hospital property:

Real estate, including buildings	$2,037,501.00
Personal property	242,224.65
Total	$2,279,725.65
Total acreage of hospital property owned (Includes grounds, farms, gardens and sites occupied by buildings)	2,707.52
Additional acreage rented (woods for shade)	3
Total acreage under cultivation during previous year (Includes land owned and cultivated)	933

4. OFFICERS AND EMPLOYEES

	Actually in service at end of year			Vacancies at end of year		
	M	F	T	M	F	T
Superintendents	1	..	1	..	..	..
Assistant Physicians	14	1	15	..	..	..
Medical Internes	..	..	..	2	..	2
Total Physicians	15	1	16	2	..	2
Stewards	2	..	2	..	..	..
Laboratory Technicians	2	..	2	..	..	..
Dentists	1	..	1	..	..	..
Pharmacists	1	..	1	..	..	..
Social Workers	..	2	2	..	..	..
Chaplains	1	..	1	..	..	..
Graduate Nurses	..	33	33	..	..	..
Other Nurses & Attendants	135	160	295	..	..	..
Teachers of Occupa. Therapy	1	4	5	..	..	..
All Other Officers & Employees	189	51	240	..	..	..
Total Officers & Employees	347	251	598	2	..	2

5. Patients employed in industrial classes or in general hospital work on date of report	674	805	1479
6. Average daily number of all patients actually in institution during year	1692	1798	3490
7. Voluntary patients admitted during year	24	21	45
8. Persons given advice or treatment in outpatient clinics during the year	333	290	623

FINANCIAL STATEMENT FOR THE YEAR ENDED JUNE 30, 1935

Receipts

Balance on hand from previous year	$ 21,643.73
Received from appropriations	825,000.00
Received from paying patients	17,603.30
Received from all other sources	3,355.86
Total receipts	$867,602.89

Disbursements

1.	Expenditures for maintenance of patients:	
	Salaries and wages	$305,490.32
	Provisions (food)	258,922.16
	Fuel, light and water	57,928.51
	All other expenditures for maintenance	158,286.09
	Total expenditures for maintenance	$780,627.08
2.	Expenditures for all purposes other than maintenance, including new buildings, other additions and permanent betterments	None
3.	Expenditures for 1933-1934 maintenance deficit	51,975.81
	Total expenditures	$832,602.89
	Amount returned to State Treasurer or other officials	None
	Balance on hand at close of year	35,000.00
	Total disbursements, including balance on hand	$867,602.89

Receipts

Revolving fund from previous year	$ 21,643.73
From paying patients	17,603.30
From dairy and farms	356.04
From diversional occupation department	296.03
From sundry sources	2,703.79
From Appropriations:	
Maintenance	687,442.56
Dairy	34,757.74
Columbia Farm	9,513.97
Moore Farm	7,200.69
Pel Farm	20,752.96
1933-1934 maintenance deficit	51,975.81
1932 maintenance deficit	13,356.27
Total receipts	$867,602.89

Disbursements

Paid for following activities:	
Maintenance	$708,401.72
Dairy	34,757.74
Columbia Farm	9,513.97
Moore Farm	7,200.69
Pel Farm	20,752.96
Permanent improvements	None
1933-1934 maintenance deficit	51,975.81
Revolving fund on hand at close of fiscal year	35,000.00
Total disbursements	$867,602.89

DAIRY REPORT 1934-1935

Credits

Animals caught in fields	$ 1.25
Animals sold	985.25
Beef: 8,432 pounds @ .10	843.20
Ensilage: 14 tons to steers at Columbia Farm @ $4.50	63.00
Feed sold	15.26
Hides and tallow	35.80
Milk: 156,449.74 gallons @ .27 to Hospital	42,241.43
Refunds	21.01
Sacks (empty)	155.96
Seeds and plants sold	9.38
Pure bred cattle on hand June 30, 1935	22,600.00
Grade cattle on hand June 30, 1935	3,495.00
Work animals (6) on hand June 30, 1935	1,200.00
Dairy and farm implements on hand June 30, 1935	1,465.83
Fertilizer on hand June 30, 1935	369.85
Feed on hand June 30, 1935	4,821.21
	$ 78,323.43

DAIRY REPORT 1934-1935

Debits

Pure bred cattle on hand July 1, 1934	$ 19,120.00
Grade cattle on hand July 1, 1934	4,010.00
Work animals (6) on hand July 1, 1934	935.00
Dairy and farm implements on hand July 1, 1934	1,465.83
Fertilizer on hand July 1, 1934	223.86
Feed on hand July 1, 1934	3,335.58
Agricultural and botanical supplies	719.41
Bedding	255.40
Board of attendants and laborers	1,916.06
Depreciation of plant	675.25
Equipment	142.03
Feed	23,873.18

Freight and express	2,179.78
Hauling	784.75
Horse shoeing	46.59
Insurance on buildings	317.86
Interest on amount invested in cattle	540.00
Kerosene, gasoline, oil	67.95
Materials for repairs to equipment, etc.	317.24
Miscellaneous supplies	102.63
Office supplies	12.78
Pasture	513.25
Pay roll	7,519.68
Plowing (tractor)	65.70
Registration fees	95.00
Rent of land (102.48 acres @ $4.00, plus cabin)	427.92
Seeds and plants	258.16
Slaughtering	28.00
Subscriptions to magazines	1.00
Testing cows for advanced registry	225.60
Veterinarian and veterinary supplies	14.35
Work animals purchased	200.00
Balance in favor of dairy	7,933.59
	$ 78,323.43

COLUMBIA FARM REPORT 1934-1935

Credits

Beans (string): 226.53 bushels @ .75	$ 169.90
Beets: 428.96 bushels @ $1.50	643.44
Cabbage: 23,842 pounds @ .0125	298.03
Carrots: 255.34 bushels @ $1.00	255.34
Chitterlings	24.15
Collards: 12,110 pounds @ .0125	151.38
Compost	1,251.45
Corn (roasting ear): 1,184.1 dozen @ .15	177.62
Corn (shelled): 14 bushels @ .75	10.50
Cucumbers: 51.52 bushels @ .60	30.91
Ensilage: 807.6 tons @ $4.50	3,634.00
Fertilizer	26.14
Hay: 155.35 tons @ $18.00	2,796.30
Hogs sold	123.27
Honey: 35 pounds @ .065	2.28
Lettuce: 423 dozen @ .40	169.20
Okra: 652.22 bushels @ $1.00	652.22
Onions (dry): 52.5 bushels @ $1.68	88.20
Onions (spring): 471.26 bushels @ .85	400.57
Peas (green, field): 36.9 bushels @ .32	11.81
Peas (English): 61.97 bushels @ $1.50	92.96
Pepper: 76.39 bushels @ .75	57.29
Plants and seed sold	3.29

Pork: 63,494 pounds @ .095	6,031.93
Potatoes (Irish): 550.47 bushels @ $1.00	550.47
Radishes: 117.53 bu. @ .65	76.39
Sacks (empty)	114.50
Salad (turnip and mustard): 626.58 bushels @ .50	313.29
Shucks	18.90
Slaughtering	73.00
Spinach: 4.5 bushels @ $1.00	4.50
Squash: 546.27 bushels @ .80	437.02
Tomatoes: 244.66 bushels @ .75	183.50
Turnips: 1,184.78 bushels @ .25 and .75	709.89
Bees on hand June 30, 1935	12.00
Implements and machinery on hand June 30, 1935	1,101.70
Fertilizer on hand June 30, 1935	305.73
Hogs on hand June 30, 1935	3,285.00
Work animals (10) on hand June 30, 1935	1,625.00
Feed and seed on hand June 30, 1935	2,315.00
	$ 28,228.07

COLUMBIA FARM REPORT 1934-1935

Debits

Bees on hand July 1, 1934	$ 5.00
Implements and machinery on hand July 1, 1934	1,095.30
Fertilizer on hand July 1, 1934	357.16
Hogs on hand July 1, 1934	2,315.00
Work animals (11) on hand July 1, 1934	1,630.00
Feed and seed on hand July 1, 1934	1,831.00
Agricultural and botanical supplies	1,140.26
Bedding	1,126.16
Board of attendants and laborers	1,494.37
Depreciation on buildings	500.00
Equipment	283.29
Freight and express	103.67
Garbage	1,174.28
Hauling	126.71
Horse shoeing	45.79
Insurance on buildings	226.14
Interest on amount invested in hogs	36.00
Kerosene, gasoline, oil	120.00
Materials for repairs to equipment, etc.	156.99
Miscellaneous supplies	49.90
Office supplies	2.28
Pay roll	5,561.76
Plowing (tractor)	189.90
Rent of land (150.02 acres @ $4.00 and cabins)	738.08
Seeds and plants	597.81
Veterinarian and veterinary supplies	105.08

Work animals purchased	285.00
Balance in favor of Columbia Farm	6,931.14
	$ 28,228.07

MOORE FARM REPORT 1934-1935

Credits

Beans (string): 12 bushels @ .75	$ 9.00
Beans (butter): 174 bushels @ $1.00	174.00
Beets: 352 bushels @ $1.50	528.00
Cabbage: 23,245 pounds @ .0125	290.56
Cantaloupes: 412 dozen @ .40	164.80
Carrots: 52 bushels @ $1.00	52.00
Collards: 9,315 pounds @ .0125	116.44
Corn (ear): 718.94 bushels @ .60	431.36
Corn (roasting ear): 497 dozen @ .15	74.55
Corn (shelled): 981.125 bushels @ .75	735.84
Cucumbers: 62 bushels @ .60	37.20
Feed	206.48
Hauling	229.25
Hay: 32.376 tons @ $18.00	582.77
Hogs sold	158.00
Lettuce: 120 bushels @ .40	48.00
Okra: 288 bushels @ $1.00	288.00
Onions (spring): 136 bushels @ .85	115.60
Pasture	513.25
Peas (English): 4 bushels @ $1.50	6.00
Peas (green, field): 599 bushels @ .32	191.68
Pea hulls	11.70
Pepper: 142.5 bushels @ .75	106.88
Potatoes (Irish): 238 bushels @ $1.00	238.00
Potatoes (sweet): 1,748 bushels @ .75	1,311.00
Radishes: 36 bushels @ .65	23.40
Salad: 990 bushels @ .50	495.00
Shucks	72.21
Spinach: 443 bushels @ $1.00	443.00
Squash: 124.5 bushels @ .80	99.60
Tomatoes: 340 bushels @ .75 and .60	254.25
Turnips: 1,643 bushels @ .40	657.20
Watermelons: 6,316 @ .08	505.28
Implements and machinery on hand June 30, 1935	1,392.05
Work animals (16) on hand June 30, 1935	2,570.00
Hogs on hand June 30, 1935	175.50
Feed and seed on hand June 30, 1935	1,195.00
Fertilizer on hand June 30, 1935	263.55
	$ 14,566.40

MOORE FARM REPORT 1934-1935

Debits

Implements and machinery on hand July 1, 1934	$ 1,582.30
Work animals (16) on hand July 1, 1934	2,410.00
Hogs on hand July 1, 1934	177.00
Feed and seed on hand July 1, 1934	443.50
Fertilizer on hand July 1, 1934	191.65
Agricultural and botanical supplies	2,966.17
Board of attendants	306.00
Depreciation of plant	200.00
Equipment	279.79
Freight and express	29.49
Horse shoeing	65.33
Insurance on buildings	116.74
Materials for repairs to equipment, etc.	228.45
Miscellaneous supplies	22.89
Pay roll	3,037.62
Plants and seeds	318.61
Plowing (tractor)	151.88
Rent on land (400 acres @ $2.00, plus cabins)	1,088.00
Veterinarian and veterinary supplies	3.18
Work animals purchased	400.00
Balance in favor of Moore Farm	547.80
	$ 14,566.40

PEL FARM REPORT 1934-1935

Credits

Beef: 15,820 pounds @ .10	$ 1,582.00
Cantaloupes: 590 dozen @ .40	236.00
Compost	1,433.70
Corn (roasting ear): 166 dozen @ .15	24.90
Corn (shelled): 24 bushels @ .75	18.00
Feeding Hospital team (3 head) and employees' cows and hogs	858.00
Goats sold	70.00
Hauling	258.00
Hides and tallow	60.26
Milk: 46,422.12 gallons @ .27 to Hospital	12,533.97
Pork: 19,474 pounds @ .095	1,850.03
Potatoes (Irish): 805 bushels @ $1.00	805.00
Potatoes (sweet): 3,273 bushels @ .75	2,454.75
Watermelons: 15,019 @ .08	1,201.52
Implements and machinery on hand June 30, 1935	1,715.40
Hogs on hand June 30, 1935	1,753.20
Feed and seed on hand June 30, 1935	3,330.43
Work animals (20) on hand June 30, 1935	3,085.00

Cattle on hand June 30, 1935	7,090.00
Goats on hand June 30, 1935	237.00
Fertilizer on hand June 30, 1935	51.00
Debit balance	879.22
	$ 41,527.38

PEL FARM REPORT 1934-1935

Debits

Implements and machinery on hand July 1, 1934	$ 2,093.95
Hogs on hand July 1, 1934	1,496.00
Feed and seed on hand July 1, 1934	696.00
Work animals (20) on hand July 1, 1934	3,170.00
Cattle on hand July 1, 1934	9,665.00
Goats on hand July 1, 1934	230.50
Agricultural and botanical supplies	4,296.82
Bedding	16.00
Board of attendants	357.00
Cattle purchased	347.00
Depreciation of plant	200.00
Equipment	360.04
Feed	9,066.44
Freight and express	578.70
Garbage	181.44
Hauling	96.75
Hogs purchased	194.33
Horse shoeing	115.55
Insurance on buildings	204.28
Interest on amount invested in cows	250.00
Interest on amount invested in hogs	12.00
Materials for repairs to equipment, etc.	683.98
Miscellaneous supplies	56.43
Office supplies	3.52
Pay roll	4,646.39
Plowing (tractor)	273.60
Rent of land (427 acres @ $2.00, plus cabins)	1,070.00
Seeds and plants	611.11
Slaughtering	45.00
Subscriptions to magazines	1.00
Veterinarian and veterinary supplies	53.55
Work animals purchased	455.00
	$ 41,527.38